

Credit account application form



Please complete in **BLOCK CAPITALS** and post or fax to:
Gusto Gourmet - 67 Northgate Street, Chester CH1 2HQ. Fax: 01244 321446

Your company details - where we will send your invoice

Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>	Telephone No.	<input type="text"/>
	<input type="text"/>	Fax No.	<input type="text"/>
	<input type="text"/>	Email Address	<input type="text"/>
	<input type="text"/>	Year Established	<input type="text"/>
Post Code	<input type="text"/>	Do you operate a Purchase Order System?	YES / NO
Nature of Business	<input type="text"/>	If so, do you require a PON with each purchase?	YES / NO

Food delivery address (if different from above)

Address	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>	Tel No.	<input type="text"/>

Who is authorised to order or collect on this account?

Name	<input type="text"/>	Signature	<input type="text"/>
Tel No.	<input type="text"/>		
Authorised to	<input type="checkbox"/> Order <input type="checkbox"/> Collect		
Name	<input type="text"/>	Signature	<input type="text"/>
Tel No.	<input type="text"/>		
Authorised to	<input type="checkbox"/> Order <input type="checkbox"/> Collect		
Name	<input type="text"/>	Signature	<input type="text"/>
Tel No.	<input type="text"/>		
Authorised to	<input type="checkbox"/> Order <input type="checkbox"/> Collect		

I agree to settle our account within 30 days of invoice date.

Signature	<input type="text"/>		
Position	<input type="text"/>	Date	<input type="text"/>

For office use

Set up by	<input type="text"/>		
Account No.	<input type="text"/>		
Letter by post/email	<input type="checkbox"/>	Return to shop	<input type="checkbox"/>
JPG to MA/File	<input type="checkbox"/>	Websetup	<input type="checkbox"/>
		Menu	<input type="checkbox"/>