

CREDIT ACCOUNT APPLICATION FORM

This form must be completed in full and the terms must be accepted by an authorised official of the business. Please return with a copy of your letterhead paper. Please return your completed application to OfficeTeam Credit Services.

Southbridge House, Southbridge Place, Croydon, CR0 4HA. **Tel:** 0208 603 2820

PLEASE INDICATE TYPE OF BUSINESS

Charity Partnership/Sole trader Limited/Public company Local Government

Full legal name:	Trading as:
Invoice Trading address:	Registered office address:
Website address:	Company registration/charity registration number:
Date business formed:	Expected annual spend:
Number of employees:	Monthly credit limit required:
Telephone Number:	Company VAT registration number:

Name of bank:	Bank Address:
Sort code:	Account Number:

INVOICE REQUIREMENTS:

Do you use purchase orders?
if YES what format do they take (ie PO-XXXXX)?

NB invoiced per order refers to OfficeTeam order numbers. If invoiced by your purchase order you must use only one purchase per order placed and not re-use them.

How regularly would you like to be invoiced? DAILY WEEKLY MONTHLY

How would you like to be invoiced? PER DELIVERY CONSOLIDATED (7TH, 14TH OR 21ST) PER ORDER

If consolidated, which format would you prefer? FULL LINE ONE LINE WITH REPORT (MONTHLY ACCOUNTS SPENDING OVER £1000 PER MONTH ONLY)

How would you like to receive your invoices? POST EMAIL (PROVIDE EMAIL ADDRESS) _____

Payment method: BACS DIRECT DEBIT (PLEASE COMPLETE DIRECT DEBIT MANDATE)

How frequent are your payment runs?

What dates do they usually fall on?

Your Accounts Payable contact name:

Telephone Number: Email address:

(CREDIT ACCOUNT APPLICATION FORM CONT.)

BUSINESS SECTOR

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Legal	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Care Homes	<input type="checkbox"/> Logistics & Transport	<input type="checkbox"/> Publishing & Media
<input type="checkbox"/> Charity	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Recruitment
<input type="checkbox"/> Construction & Architecture	<input type="checkbox"/> Marine	<input type="checkbox"/> Religious Bodies
<input type="checkbox"/> Distributors/Wholesalers/Online-Only Retailers	<input type="checkbox"/> Marketing, Advertising & PR	<input type="checkbox"/> Restaurants & Hospitality
<input type="checkbox"/> Education	<input type="checkbox"/> Motor Trade	<input type="checkbox"/> Retail
<input type="checkbox"/> Facilities Management	<input type="checkbox"/> Oil, Industry & Engineering	<input type="checkbox"/> Technology
<input type="checkbox"/> Financial	<input type="checkbox"/> Other Services	<input type="checkbox"/> Telecoms & Communications
<input type="checkbox"/> Gambling	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Travel & Leisure
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Police & Security	<input type="checkbox"/> Utilities
<input type="checkbox"/> Housing Association	<input type="checkbox"/> Procurement Group/Cost Consultant	<input type="checkbox"/> Waste & Recycling
<input type="checkbox"/> Insurance	<input type="checkbox"/> Property	

HOW DID YOU HEAR ABOUT US?

Internet
 Word of mouth
 Advertising
 If other please specify _____

I accept the OT Group Ltd terms and conditions (www.officeteam.co.uk/termsandconditions)

Signature:	Date:
Print Name:	Position:

By signing this application form you agree that:

(a) The information contained in this form is true and correct. (b) You have read and understood the terms and conditions which can be found at www.officeteam.co.uk/terms-and-conditions. (c) You are authorised to bind the account holder to this agreement by signing it. You agree that under the 2018 data protection act you consent to OT Group Limited processing, storing and consulting the data provided on this form and may share this information with other credit agencies. (d) We will make a search against you and your partners/company with a credit reference agency, which will keep a record of that search. (e) We may also make enquiries about the principal directors with a credit reference agency. (f) you accept our payment terms of 30 days from invoice date.

FOR OFFICE USE ONLY

Rep name:		Rep code:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Credit limit approved:	Date approved:
Reasons for rejection:			
Account number:	<input type="checkbox"/> OT Wholesale	<input type="checkbox"/> OfficeTeam	