



# GOURMET CANDY COMPANY

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www.gourmetcandycompany.com

## NEW CUSTOMER ACCOUNT FORM

1. FULL NAME OF BUSINESS: \_\_\_\_\_

2. FULL ADDRESS (INCLUDING POSTCODE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEB: \_\_\_\_\_

3. STATUS OF BUSINESS:

IF LIMITED

LIMITED

PARTNERSHIP

SOLE TRADER

REGISTERED ADDRESS: \_\_\_\_\_

REGISTRATION NO: \_\_\_\_\_

4. CONTACT: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TEL: \_\_\_\_\_

TEL: \_\_\_\_\_

5. LENGTH OF TIME TRADING: \_\_\_\_\_

6. TYPE OF OUTLET: \_\_\_\_\_

7. NAME & ADDRESS OF BANK: \_\_\_\_\_

SORT CODE: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

8. PLEASE GIVE TWO TRADE REFERENCES:

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

FAX: \_\_\_\_\_

9. NAME OF CONTACT IN ACCOUNTS:

ACCOUNTS ADDRESS IF DIFFERENT FROM 2:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. AVERAGE MONTHLY CREDIT REQUIRED:

VALUE OF FIRST ORDER: \_\_\_\_\_

PREDICTED VOLUME OF BUSINESS PER ANNUM: \_\_\_\_\_

\_\_\_\_\_

11. SIGNED:

NAME IN FULL

STATUS: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_