	Galloway Lodge
Legal Name:	Preserves
Trading Name:	Preserves
Nature of Business:	
Legal Entity: Company/ Sole Trader/	New Account Form
Partnership	
No. of years established:	1 2 E
Tel No:	PESERVE
Fax No:	
Email:	
Invoice Address:	Registered Office (if different):
Postcode:	Postcode:
Sole Trade/ Partner 1/ Director 1	Partner 2 (Partnerships only)
Full Name:	Full Name:
Home address: (sole traders/ partnerships only)	Home address:
Destroyde	Doctor do.
Postcode:	Postcode: Please confirm email address invoices are to be sent to:
Please tick box if you would like to receive invoices via	Please confirm email address invoices are to be sent to:
email 🗔	
Expected monthly sales: £	Max amount of credit required: £
Expected monthly sales. I	Max amount of credit required. E
AGREEMENT TO GALLOWAY LODGE PRESERVES TERMS & CONDITIONS FOR THE SALE OF GOODS	
 I have read and understood Galloway Lodge Preserve's Terms and Conditions for the Sale of Goods and agree to abide by them I am aware that theGalloway Lodge Preserves must be notified of any discrepancies or queries as follows: Invoice queries or Product quantity or description problems – within 10 days of receipt Faulty products – within 10 days of receipt I confirm acceptance of Galloway Lodge Preserve's payment terms of 30 days from date of invoice I give my consent to a credit search being made on me as owner/partner or director of this organisation both now & at any future date. I understand this search will be recorded by the agency & may be disclosed to subsequent enquirers. (To be signed by an officer of the company or employee authorised to agree such matters.) 	
Signed:	Print name:

Date:

Position: