



**SALT'S**  
CATERING

**Please return to:**  
Bruce Salt  
Salt's Catering Ltd  
Unit A1  
Wellington Road Industrial Estate,  
Leeds  
LS12 2UA

**or email to**  
accounts@saltscatering.co.uk

## Credit Application

Full Trading Name .....

**Limited / Partnership / Sole Trader** (please delete as appropriate)

Full Address ..... Registered Office (if different) .....

..... Postcode ..... Postcode .....

Managing Director's Name ..... Telephone No. ....

Company Registration No. .... Fax No. ....

VAT Registration No. .... Email Address .....

Partners names and addresses (if applicable) - attach sheet if necessary

### Partner No. 1

Full Name .....

Home Address .....

..... Postcode .....

Telephone No. ....

### Partner No. 2

Full Name .....

Home Address .....

..... Postcode .....

Telephone No. ....

Orders Contact Name .....

Orders Telephone No. ....

Orders Email Address .....

Accounts Contact Name .....

Accounts Telephone No. ....

Accounts Email Address .....

### Trade Reference No. 1

Name .....

Address .....

..... Postcode .....

Telephone No. ....

Contact .....

### Trade Reference No. 2

Name .....

Address .....

..... Postcode .....

Telephone No. ....

Contact .....

**Please accept this form as my/our application for a credit account.**

I have attached a copy of my/our company letterhead (please tick)

Signed ..... Director / Partner / Owner Date .....

I/We give my/our consent to a credit search being made on me/us as owner/partner/director of this organisation both now and at any future date.

I/We understand that this search will be recorded by the agency and may be disclosed to subsequent enquirers.

**Our standard payment terms are 15 days after end of month of the invoice.**