



LANCASHIRE FOODS SUPPLIER ACCOUNT OPENING FORM

RECEIVED REQUEST DIRECT BY:

POST <input type="checkbox"/>	FAX <input type="checkbox"/>	TELEPHONE <input type="checkbox"/>	Date:
How did you hear about us?			

SUPPLIER DETAILS

Sole Trader <input type="checkbox"/>	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Number of years Trading:	
RETAIL <input type="checkbox"/>	MANUFACTURER <input type="checkbox"/>	WHOLESALE <input type="checkbox"/>	CASH & CARRY <input type="checkbox"/>	OTHER
Full Company Trading Name & Address:			Registered Address Company Name & Address (if different)	
Post Code:			Post Code:	
Telephone Number:			Fax Number:	
Company Registration Number:			VAT Registration Number:	

FULL NAMES OF DIRECTORS/PROPRIETORS

	MR / MRS / MISS	FORENAME(S)	SURNAME	DATE OF BIRTH
1)				
2)				
3)				

PRIVATE ADDRESS OF ALL PROPRIETERS (NON LIMITED BUSINESSES)

1	2	3

COMPANY CONTACTS

	FULL NAME	TELEPHONE	FAX	MOBILE
SALES				
PURCHASING				
ACCOUNTS				



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BANK DETAILS		
Bank Name:	IBAN:	
Bank Address:	Account Number:	
	Sort Code:	
	Swift Code	

TRADE REFERENCE (1)	TRADE REFERENCE (2)

NOTES

I HEREBY CONSENT LANCASHIRE FOODS TO PROCESS ANY PERSONAL DATA CONTAINED IN THE ABOVE FORM AND AGREE THAT YOU MAY USE IT IN SUCH A WAY AS YOU BELIEVE APPROPRIATE TO ADMINISTER THE ACCOUNT. THIS MAY INCLUDE EXCHANGE OF INFORMATION WITH CREDIT AGENCIES AND OTHERS FOR PURPOSES OF OPENING AND MONITORING THE ACCOUNT, RESPONDING TO REQUESTS FOR REFERENCES FROM THIRD PARTIES.

	1	2	3
USUAL SIGNATURES OF ALL PROPRIETERS/ DIRECTORS:			
	DATE:	DATE:	DATE:

OFFICE USE ONLY			
Authorised:		Agreed Payment Type:	
Account Number:		Account Handler:	