



The Glamorgan Beer & Wine Cellars

Unit 39 Albion Industrial Estate,
Pontypridd CF37 4NX

Phone: 01443 40 60 80
Email: sales@glamorganbeer.co.uk

Please complete all questions within this application form to ensure your account is processed as quickly and efficiently as possible. Please ensure that you have read and understood our terms and conditions of sale. It would be appreciated if you could fill in all details using black or blue ink and capital letters. Thank you.

Please do not hesitate in contacting either your sales representative or our accounts department if you have any queries regarding the completion of this form.

DESIRED TERMS OF TRADE

CASH ON DELIVERY MONTHLY ACCOUNT
CHEQUE ON DELIVERY DIRECT DEBIT 21st

LEGAL STATUS OF BUSINESS

SOLE TRADER BREWERY LEASE
PARTNERSHIP LTD COMPANY
CLUB/INSTITUTION PLC

OTHER

GROUP

STYLE OF TIE

PREMISES NAME IN FULL

ADDRESS OF PREMISES (Delivery address)

POST CODE

PHONE

1st LICENSEE NAME

NATIONAL INSURANCE No

2nd LICENSEE NAME

NATIONAL INSURANCE No

DATE TRADING COMMENCED

ANY PREVIOUS TRADING NAMES USED IN LAST 3 YEARS

OFFICE USE ONLY

DATE ACCOUNTS RECEIVED

ACCOUNT NUMBER

TERMS OF TRADE

INVOICE/STATEMENT ADDRESS

(If different from above)

POST CODE

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE

NAME

POSITION

PHONE

MOBILE

PERSON RESPONSIBLE FOR ORDERING/ RECEIPT OF GOODS

NAME

POSITION

PHONE

MOBILE

EMAIL

TELESALES CALL DAY

DELIVERY DAY

DELIVERY INSTRUCTIONS

AMOUNT OF CREDIT REQUIRED PER MONTH OR CHEQUE LIMIT

TRADE TYPE

AGREED CREDIT LIMIT

DIRECTORS APPROVAL

LIMITED COMPANY

Please supply the Full Limited Company Name, Company Registration Number, Date of Incorporation, Registered Office Address, Names of Directors and Company Secretary.

FULL NAME OF LIMITED COMPANY

FULL NAMES OF DIRECTORS

OTHER NAMES REGISTERED SINCE INCORPORATION

FULL NAME OF COMPANY SECRETARY

COMPANY REGISTRATION NO.

DATE OF INCORPORATION

DETAILS OF ANY PERSON(S) OTHER THAN ABOVE WHO HAVE HELD OFFICE AS DIRECTOR OR SECRETARY WITHIN THE LAST THREE YEARS. (Please state why such person(s) ceased to hold office.)

REGISTERED OFFICE ADDRESS

POST CODE

SOLE TRADERS, PARTNERSHIPS, MEMBERSHIP CLUBS

Please supply the Full Name, Home Address and Telephone Number of the Principal (Sole Trader) or Every Partner in the Firm (Partnerships). Please include details of any "silent partners".

NAME

ADDRESS

ADDRESS

POST CODE

POST CODE

PHONE

PHONE

NAME

In addition in each case please give previous address if resident for less than two years. Details of any persons other than the above who have been partners in the firm within the last (3) years. (Please state why such person(s) ceased to be partners.)

ADDRESS

POST CODE

PHONE

NAME

TRADE REFERENCE

Please supply details of TWO Companies (not associated Companies) with whom you have/had traded within the last 12 months on a credit basis for at least 3 months for the appropriate level of credit required. Can include your brewer.

REFEREE DETAILS

REFEREE ONE

BUSINESS NAME

ADDRESS

POST CODE

PHONE

FAX

ACCOUNT NUMBER

ANNUAL SPEND £

REFEREE TWO

BUSINESS NAME

ADDRESS

POST CODE

PHONE

FAX

ACCOUNT No.

ANNUAL SPEND £

BANK REFERENCE

BANK / BUILDING SOCIETY

BRANCH ADDRESS

POST CODE

PHONE

SORT CODE

ACCOUNT NUMBER

PERSONAL GUARANTEE(S) TO: The Glamorgan Beer & Wine Cellars, Unit 39 Albion Industrial Estate, Pontypridd CF37 4NX

In consideration of your supplying on your terms of trade in force from time to time goods on credit to such an amount as you may deem advisable to:

(hereinafter referred to as 'the customer'), I hereby guarantee to you the payment by the Customer of all monies now due and which from time to time become due to you from the Customer on any account whatsoever for goods supplied by you to the Customer during the

continuance of this Guarantee. And I Hereby declare that my liability shall not be prejudiced by your taking any other security from or on an account of the Customer or by your giving time for payment or accepting any composition or otherwise acting in the matter of the monies from time to time owing from the Customer to you in any manner you may think fit. This Guarantee may be determined by me on giving to you four weeks notice in writing, and sent by registered post, intimating my intention to determine the same addressed to you at Unit 39 Albion Industrial Estate, Pontypridd CF37 4NX but without prejudice to its liability for any amount which may be or become due from the Customer to you for goods supplied prior to the expiration of the said notice.

SIGNED

FULL NAME

HOME ADDRESS

POST CODE

POSITION IN COMPANY/BUSINESS

TIME AT ADDRESS (Years & Months)

PROPERTY OWNED

RENTED

NATIONAL INS. No.

DATE OF BIRTH

IF YOU HAVE LIVED AT THE ABOVE ADDRESS FOR LESS THAN 12 MONTHS PLEASE SUPPLY PRIOR RESIDENCE

ADDRESS

POST CODE

TIME AT ADDRESS (Years & Months)

SIGNED

FULL NAME

HOME ADDRESS

POST CODE

POSITION IN COMPANY/BUSINESS

TIME AT ADDRESS (Years & Months)

PROPERTY OWNED

RENTED

NATIONAL INS. No.

DATE OF BIRTH

IF YOU HAVE LIVED AT THE ABOVE ADDRESS FOR LESS THAN 12 MONTHS PLEASE SUPPLY PRIOR RESIDENCE

ADDRESS

POST CODE

TIME AT ADDRESS (Years & Months)

PLEASE SUPPLY DETAILS OF ANY OTHER BUSINESS OPERATED BY THE APPLICANTS

BUSINESS NAME

ADDRESS

POST CODE

COMPANY No.

DO YOU OWN THE FREEHOLD FROM WHICH THE BUSINESS OPERATES?

YES

No

IF YOU ARE NOT THE FREEHOLD OWNER, PLEASE SUPPLY THE OWNERS DETAILS.

FULL NAME

ADDRESS

POST CODE

HOME PHONE

BUSINESS NAME

ADDRESS

POST CODE

COMPANY No.

DO YOU OWN THE FREEHOLD FROM WHICH THE BUSINESS OPERATES?

YES

No

IF YOU ARE NOT THE FREEHOLD OWNER, PLEASE SUPPLY THE OWNERS DETAILS.

FULL NAME

ADDRESS

POST CODE

HOME PHONE

OFFICE USE ONLY

I _____ OF THE GLAMORGAN BEER & WINE CELLARS CONFIRM THAT THE SIGNATORY(IES) OF THE PERSONAL GUARANTEE SECTION, DEBIT FORM AND APPLICANT SIGNED THIS DOCUMENT IN MY PRESENCE.

NAME

SIGNATURE

DATE

DIRECT DEBIT

DECLARATION

We/I agree to operate our/my account in accordance with your Company's Conditions of Sale and agree that all transactions are entered into on the basis of these Conditions to the exclusion of all others. I understand that the current Conditions of Sale which have been applied to me may be varied from time to time by the company.

I have read and understood The Glamorgan Beer & Wine Cellars terms and conditions and agree to abide by the same. I have checked the details on the Application for credit form and am satisfied that the information is correct. I accept your right to decline a Credit Account at your discretion. The Glamorgan Beer & Wine Cellars will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. The Glamorgan Beer & Wine Cellars may also make enquiries about the principal directors and/or proprietor/partner with a credit reference agency.

In the event of payment not being effected on the due date we reserve the right to charge interest thereafter at the rate of 20% per month whatever the circumstances. Charges are made for dishonoured payments, by cheques or otherwise, at the rate of £35 per default.

It is the responsibility of the applicant to ensure The Glamorgan Beer & Wine Cellars records are accurate and up to date by informing the Company of all changes whether in financial status or persons involved therein that vary the details as entered and agreed to on this application form.

SIGNATURE OF APPLICANT

NAME (Please print)

DATE

POSITION IN COMPANY/BUSINESS

PLEASE ADVISE REASON IF MANDATE HAS NOT BEEN SUBMITTED

GLAMORGAN BEER REPRESENTATIVE NOTES

BUSINESS TAKEN FROM