



# Credit Application Form

<b>Company Name</b>			
Name of Applicant		Position	
<b>Invoice Address</b>		<b>Registered Address</b>	
		(if different)	
Country		Country	
Postcode		Postcode	
Telephone		Initial Cobell Contact	
Fax			
Company Registration Number			
Domestic VAT Registration Number			
Invoicing Currency (tick relevant)	£      \$      €		
Credit Limit Required	£		
<b>Delivery Address</b>			
		Postcode	
<b>Contact Details</b>		Name	Tel
Accounts Payable			Email
Purchasing			
Technical			
Statement / Invoicing			
<b>Booking in / Delivery</b>		Name	Tel
Booking in			Email
Notice Period Required for Booking in		Any Standard Onsite Requirements	Certificate of Analysis (Yes/No)
Any Other Specific Requirements			(Yes/No) If Yes please attach
<b>Categories</b>		<input type="checkbox"/> Soft Drinks <input type="checkbox"/> Food Manufacture <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Alcohol <input type="checkbox"/> Beverages <input type="checkbox"/> Flavour Houses <input type="checkbox"/> Dairy <input type="checkbox"/> Food Service <input type="checkbox"/> Bakery <input type="checkbox"/> Ice Cream <input type="checkbox"/> Other	
<b>Trade Reference 1</b>		<b>Trade Reference 2</b>	
Company Name		Company Name	
Contact Name		Contact Name	
Telephone		Telephone	
Email		Email	
I/we have read and accept your Terms and Conditions of Sale as provided on the Cobell Limited website.			
<b>Name of Authorised Signatory</b>			
<b>Signed</b>			
<b>Date</b>			

Cobell use only    **Acc Handler:**

**SAP Code:**

**Terms:**