

Tree of Life UK Ltd

Account Application

Page 1 - Guidance Notes

We aim to process all applications promptly.

Applications that are incomplete be will delayed, so please read these guidelines carefully.

Page 2

Limited Company Requirements

- Please complete the relevant sections:
- Sections 1 - 5

Sole Trader Partnership

- Please complete the relevant sections:
- Sections 1, 2, 3, 5 & 6
- Please provide evidence of your home address
(eg - utility bills, telephone bill, bank statement)

Page 3

Must be completed by ALL APPLICANTS

Please refer to our wholesale price list for details of our minimum order

Our standard terms for all new customers are Pro-Forma for the first 3 months of regular trading. After this period you may apply to us for credit facilities. These facilities are granted at our discretion and should credit be granted payment will be by the 15th of the month following month of invoice.

Once completed, please return this application to:

Email - info@treeoflife.co.uk

Fax - 01782 567118

Tel - 01782 567140

Address - **Tree of Life UK Ltd**
Credit Control Department
Coaldale Road
Lymedale Business Park
Newcastle-under-Lyme
Staffs
ST5 9QX



TREE OF LIFE
Making health easy

Section 1 - Trading Name

Trading Name:

Section 2 - Delivery Address

Trading Name:

Address:

..... Postcode:

Section 3 - Invoice Address

Address:

..... Postcode:

Ordering Contact Name:..... Tel:

Accounts Name: Email:

Section 4 - Limited Company

Company Reg No: VAT Number:

Are you a Wholesale Company? Yes No

If so, please email a copy of your Wholesaler's distribution License with your application

Section 5 - Requirements

Order & Delivery Requirements

Please note that orders are delivered Monday - Friday between the hours of 9am - 5pm

The cut off time for placing orders for Next Day Delivery is 10am

I accept the above ordering and delivery terms

Signature: Date:

Delivery Restrictions:

Are you able to accept pallet deliveries? Yes No

Order confirmation Required: Yes No

Section 6 - Sole Trader/Partnerships

Name: DOB: / / Name: DOB: / /

Address: Address:

.....

..... Postcode: Postcode:

References

Company Name:	Company Name:
Address:	Address:
.....
.....
Tel No:	Tel No:

All Applicants

In making this application, I/we acknowledge and accept the conditions of sale which govern all transactions

Signature (Company Official):

Print Name:

Position: Date:

Marketing Preferences

We'd love to keep you up to date with our latest product, promotion and events news by email. If you'd like to receive these, please enter your email address:

Our price list will be sent with your order each quarter. If you would rather go paperless and receive an emailed copy tick here (please provide email address above)

Each month we'll send you our New Products & Promotion book featuring exciting new products and fantastic deals. We also regularly publish Buying Guides to help you select the best range for your business. If you would rather go paperless and receive an emailed copy tick here (please provide email address above)

For Official Use Only

Account No:	BDM Area:
Type of account: <input type="checkbox"/> Credit <input type="checkbox"/> Pro-Forma	Credit Limit:
Account opened by:	Manual Pick:
Authorised Signature:	Date:
Standard Operational Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	