



AVS CASK BEERS
 Quality ★ Variety ★ Value
 'The Discerning Publicans Choice'

Call: 01474 537767

Fax: 01474 363569



APPLICATION FOR TERMS

PREMISES NAME IN FULL

ADDRESS OF PREMISES (Delivery Address)

POST CODE

TELEPHONE

DESIRED TERMS OF TRADE

<input type="checkbox"/>	CASH ON DELIVERY	<input type="checkbox"/>	1 WEEK CREDIT
<input type="checkbox"/>	CHEQUE ON DELIVERY	<input type="checkbox"/>	2 WEEKS CREDIT
<input type="checkbox"/>	DIRECT DEBIT	<input type="checkbox"/>	MONTHLY ACCOUNT

AMOUNT OF CREDIT
 REQUIRED
 OR CHEQUE LIMIT

£

LEGAL STATUS OF BUSINESS

<input type="checkbox"/>	SOLE TRADER	<input type="checkbox"/>	LLP PARTNERSHIP
<input type="checkbox"/>		<input type="checkbox"/>	LTD COMPANY
<input type="checkbox"/>	CLUB/INSTITUTION	OTHER _____	
<input type="checkbox"/>	BREWERY LEASE	GROUP _____	

STYLE OF TIE _____

DATE TRADING COMMENCED

ANY PREVIOUS TRADING NAMES USED IN LAST (3) YEARS

1st LICENSEE NAME

NATIONAL INSURANCE No

2nd LICENCEE NAME

NATIONAL INSURANCE No

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.

AVS WINES AND BEERS LTD

MAIN CONTACT

NAME

POSITION

TELEPHONE

MOBILE

EMAIL

PERSON RESPONSIBLE ACCOUNTS PAYABLE

NAME

POSITION

TELEPHONE

MOBILE

EMAIL

INVOICE / STATEMENT ADDRESS (if different from above)

POST CODE

TELESALES CALL DAY / TIME

CANNOT ACCEPT DELIVERY ON

MON - TUE - WED - THUR - FRI

DELIVERY INSTRUCTIONS

OFFICE USE ONLY

DATE ACCOUNT RECEIVED

ACCOUNT NUMBER

TERMS AGREED

CREDIT LIMIT AGREED

LIMITED COMPANY & LLP

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

FULL NAME OF LIMITED COMPANY / LLP

OTHER NAMES REGISTERED SINCE INCORPORATION

COMPANY REGISTRATION NO.

DATE OF INCORPORATION

REGISTERED OFFICE ADDRESS

FULL NAMES OF DIRECTORS / LLP

FULL NAME OF COMPANY SECRETARY

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.)

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

POST CODE

TELEPHONE

NAME

ADDRESS

POST CODE

TELEPHONE

NAME

ADDRESS

POST CODE

TELEPHONE

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.)

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.

NAME AND ADDRESS ON WHOM REFERENCE TO BE TAKEN:-

BUSINESS NAME		BUSINESS NAME	
ADDRESS		ADDRESS	
POST CODE		POST CODE	
TELEPHONE		TELEPHONE	
FAX		FAX	
ACCOUNT No.		ACCOUNT No.	
ANNUAL SPEND £		ANNUAL SPEND £	

BANK REFERENCE

BANK / BUILDING SOCIETY	
BRANCH ADDRESS	
	POST CODE
TELEPHONE	
SORT CODE & ACCOUNT No.	

PERSONAL GUARANTEE(S) To (AVS Wines & Beers Ltd etc including address.....)

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, AVS Wines and Beers, Canal Road Industrial Estate, Canal Road, Gravesend, DN12 2PA 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		SIGNED	
FULL NAME		FULL NAME	
HOME ADDRESS		HOME ADDRESS	
POST CODE		POST CODE	
POSITION IN COMPANY/BUSINESS		POSITION IN COMPANY/BUSINESS	
HOME TELEPHONE		HOME TELEPHONE	
TIME AT ADDRESS	<input type="checkbox"/> YEARS <input type="checkbox"/> MONTHS	TIME AT ADDRESS	<input type="checkbox"/> YEARS <input type="checkbox"/> MONTHS
DO YOU OWN	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	DO YOU OWN	<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED
NATIONAL INS. No.		NATIONAL INS. No.	
DATE OF BIRTH		DATE OF BIRTH	

PLEASE SUPPLY DETAILS OF ANY OTHER BUSINESS OPERATED BY THE APPLICANTS			
BUSINESS NAME		BUSINESS NAME	
BUSINESS NATURE		BUSINESS NATURE	
ADDRESS		ADDRESS	
POST CODE		POST CODE	
COMPANY No.		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		FULL NAME	
ADDRESS		ADDRESS	
POST CODE		POST CODE	
HOME TELEPHONE		HOME TELEPHONE	

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 AVS Wines & Beers 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.

AVS Wines & Beers 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. AVS Wines & Beers 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 dishonored payments, by cheques or otherwise, at the rate of £27.50 per default.

It is the responsibility of the applicant to ensure AVS Wines & Beers 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	

OFFICE USE ONLY

I _____ OF AVS WINES & BEERS CONFIRM THAT THE SIGNATORY(IES) OF THE PERSONAL GUARANTEE SECTION, DEBIT DEBIT FORM AND APPLICANT SIGNED THIS DOCUMENT IN MY PRESENCE

NAME	SIGNATURE	DATE

DIRECT DEBIT PLEASE ADVISE REASON IF MANDATE HAS NOT BEEN SUBMITTED	
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AVS REPRESENTATIVE NOTES	
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BUSINESS TAKEN FROM	
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