

CHEQUE CLEARANCE APPLICATION FORM

Full Company Name:			
Status:	Limited Company / Sole Proprietor / Partnership / Other <i>Please delete as appropriate</i>		
Type of Business:			
Trading Address:			
Telephone:		Fax. No.:	
Company Registration No.:			
No. of Years Trading			
Contact Name 1		Tel. No.:	
Contact Name 2		Tel. No.:	
Country of Registration:			
Estimated Monthly Turnover:		Clearance Required:	£
Registered Address:			
Home Address of Director / Proprietor / Partners			
Trade Reference 1: (Must be supplied)			
Trade Reference 2: (Must be supplied)			
Your Bank Details:	Bank Name:		Sort Code: - -
	Address:		Account Name:
			Account No.:

Declaration:

I / We confirm that the details above are correct and that I / we wish to be approved to pay by cheque for goods purchased from Provider Cash & Carry Ltd. *** I understand that cheques returned unpaid by the Bank will be subject to an administration fee. ***

Date: _____

Signed: _____

Print Name: _____