



Beau Products Ltd
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BEAU PRODUCTS LTD CUSTOMER APPLICATION FORM

(Please note all fields marked with * are mandatory)

BUSINESS CONTACT INFORMATION

Title:

First Name:

Last Name:

Phone:

Fax:

E-mail:

Registered company Name:

City:

County:

Postcode:

Date Business was established:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

County:

Postcode:

Nature of Business: Sugarcraft Equipment shop/Shop Selling Decorated cakes & equipment/Decorated Cake Shop/Indoor Market Stall/High Street Bakery/Café-Restaurant/Home-Based cake business/other.

Telephone:

Fax:

E-mail:

VAT NO*:

Website Address or Business Facebook page:*

Is this a Shop or Private Home address?*

Registered as a food Business?*

Local Authority where registered*

Estimated Monthly Spend*

Details of Requirements*

BUSINESS/TRADE REFERENCES

Trade Reference 1 Company name (Where you currently buy supplies from):

Address:

City:

County:

Postcode:

Phone:

Fax:

E-mail:

Type of account:

Trade Reference 2 Company name:

Address:

City:

County:

Postcode:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Beau Products Ltd Customer Application Form to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title :

Date:

I confirm that the above is accurate. I have read, agree & sign Beau Products Terms and Conditions*