

Account Set Up Form

🏠 67 Weir Road, London, SW19 8UG

☎ 0330 123 9191

🌐 klaremont.com

📠 020 8971 2005

✉ sales@klaremont.com

FOR LIMITED COMPANIES

Company Name

Company Registration No.

FOR INDIVIDUALS & PARTNERSHIPS (For Limited companies, please provide Directors personal details)

Full names and home addresses of all Principals (if necessary, please supply on a separate sheet).

Full Name

Position

Alt Phone No.

Email

Home Address

Full Name

Position

Alt Phone No.

Email

Home Address

TRADING DETAILS

Trading Name

Business Type:

Restaurant

Bar

Caterer

Events

Other

DELIVERY ADDRESS

Street Number

Street Name

City

Postcode

Telephone

Fax

TIMES OPEN FOR DELIVERY

Monday

Tuesday

Wednesday

Thursday

Friday

ALL

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PERSONS AUTHORISED TO PLACE ORDERS

Full Name

Position

Phone No.

Email

Full Name

Position

Phone No.

Email

Full Name

Position

Phone No.

Email

Full Name

Position

Phone No.

Email

Tick here if order numbers are required to place an order

INVOICE DETAILS *If different to Delivery Details*

Name

Street Number

Street Name

City

Postcode

Telephone

Fax

STATEMENT DETAILS *If different to Invoice*

Name

Street Number

Street Name

City

Postcode

Telephone

Fax

PLEASE TICK PREFERRED METHOD OF PAYMENT

BACS Credit Card Cheque Cash

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CONTACT PERSON IN ACCOUNTS PAYABLE

Full Name	<input type="text"/>	Estimate Monthly Spend	<input type="text"/>
Position	<input type="text"/>	Bank Name	<input type="text"/>
Phone No.	<input type="text"/>	Account No.	<input type="text"/>
Email	<input type="text"/>	Sort Code	<input type="text"/>

TRADE REFERENCE 1

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Account No. <i>(If known)</i>	<input type="text"/>
Email Address	<input type="text"/>

TRADE REFERENCE 2

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Account No. <i>(If known)</i>	<input type="text"/>
Email Address	<input type="text"/>

Please return the fully completed Account Set Up Form with a company letterhead or normal Purchase Order.

Name

Signature Date

Note: Please ensure the form is signed, confirming we may approach your bank for a reference