## CREDIT ACCOUNT APPLICATION FORM



This form must be completed in full and the terms must be accepted by an authorised official of the business. Please return with a copy of your letterhead paper. Please return your completed application to: risk.department@otgroupltd.co.uk

PLEASE INDICATE TYPE OF BUSINESS					
Charity Partnership/Sole trader	Limited/Public	company	Local Government		
Full legal name:		Trading as:			
Invoice Trading address:		Registered of	ffice address:		
Website address:		Company reg	gistration/charity registration number:		
Telephone Number:		Expected ann	nual spend:		
Name of bank:		Monthly cred	it limit required:		
Bank Address:		Company VA	T registration number:		
Sort Code:					
Acc. Number					
INVOICE REQUIREMENTS:					
Do you use purchase orders? if YES what format do they take (ie PO-XXXX)	X)?				
NB invoiced per order refers to OT Group Ltd order number	ers. If invoiced by your pur	rchase order you m	ust use only one purchase per order placed and not re-use them.		
How regularly would you like to be invoiced?	DAILY	WEEKLY	MONTHLY		
How would you like to be invoiced?	PER DELIVER	Y CONSC	OLIDATED (7TH, 14TH OR 21ST) PER ORDER		
If consolidated, which format would you prefer	? FULL LINE	ONE LINE V	WITH REPORT (MONTHLY ACCOUNTS SPENDING OVER £1000 PER MONTH ONLY)		
How would you like to receive your invoices?	POST	EMAIL (PRO	VIDE EMAIL ADDRESS)		
Do you use an electronic data interchange (El	OI)?				
Do you use a portal for invoice purposes (Tungsten, Ariba, Coupa)					
Please note we only take BACS, CHAPS & Card (debit/ credit) payments					
Your Accounts Payable contact name:					
Telephone Number:		Email address:			

## (CREDIT ACCOUNT APPLICATION FORM CONT.)



BUSINESS SECTOR					
Agriculture	Legal	Public Sector			
Care Homes	Logistics & Transport	Publishing & Media			
Charity	Manufacturing	Recruitment			
Construction & Architecture	Marine	Religious Bodies			
Distributors/Wholesalers/Online-Only Retailers	Marketing, Advertising & PR	Restaurants & Hospitality			
Education	Motor Trade	Retail			
Facilities Management	Oil, Industry & Engineering	Technology			
Financial	Other Services	Telecoms & Communications			
Gambling	Pharmaceuticals	Travel & Leisure			
Healthcare	Police & Security	Utilities			
Housing Association	Procurement Group/Cost Consultant	Waste & Recycling			
Insurance Property					
HOW DID YOU HEAR ABOUT US?					
☐ Internet ☐ Word of mouth ☐ Advertising ☐ If other please specify					
I accept the OT Group Ltd terms and conditions (www.officeteam.co.uk/termsandconditions)					
Laccent the OT Group Ltd terms and conditions (www	w officeteam co uk/termsandconditions)				
	w.officeteam.co.uk/termsandconditions)  Date:				
I accept the OT Group Ltd terms and conditions (www.Signature:					
Signature:  Print Name:	Date:				
Signature:	Date:  Position:  (b) You have read and understood the terms and orised to bind the account holder to this agreement occasing, storing and consulting the data provided arch against you and your partners/company with a	nt by signing it. You agree that under the on this form and may share this a credit reference agency, which will keep a			
Signature:  Print Name:  By signing this application form you agree that: (a) The information contained in this form is true and correct. www.officeteam.co.uk/terms-and-conditions. (c) You are auth 2018 data protection act you consent to OT Group Limited prinformation with other credit agencies. (d) We will make a sea record of that search. (e) We may also make enquiries about	Date:  Position:  (b) You have read and understood the terms and orised to bind the account holder to this agreement occasing, storing and consulting the data provided arch against you and your partners/company with a	nt by signing it. You agree that under the on this form and may share this a credit reference agency, which will keep a			
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