

## (Wholesale) Limited

Please fill in the whole form including official use box using a ball point pen and send it to:

TotalServe (Wholesale) Limited						
Unit 2A						
Arbour Court						
Arbour Lane						
Knowsley						
Liverpool						
L33 7XE						
Name(s) of account holder(s)						

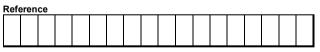
Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manage Bank/building society Address

Postcode



Banks and building societies may not accept Direct Debit Instructions for some types of account



Signature(s)

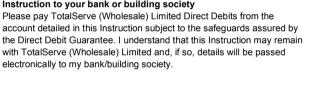
Date

This guarantee should be detached and retained by the payer.



## Instruction to your bank or building society to pay by Direct Debit

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	FOR TOT	ALSERVI	E (WHOLE	SALE) L	MITED OFFICIAL	USE ONLY	
			•	,	our bank or buildi		
etruct	tion to v	our ban	k or buil	•			
ease	pay Tota			,	d Direct Debits		hv
ease   ccount	pay Total detailed	in this I	nstructior	n subjec	ed Direct Debits to the safegua that this Instruct	ards assured l	



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OFFICE USE ONLY								
Account Number	Band		Scheme					
Totalserve (Wholesale) Limited Account Application Form         Jeroboan & Schoff • Arbour Foods         Unit 2A • Arbour Court • Arbour Lane • Knowsley• Liverpool • L33 7XE. Tel: 0151 549 0151 Email: info@totalserveltd.com								
Type of Company           New Ltd Companies / Sole Traders or Partnerships multimited           Limited         Sole Trader	<b>st sign a Personal Guarantee</b> Partnership	Type of Account	Credit Cheque					
Applicants Name		Outlet Title						
Registered Office Address - Ltd compar	nies only	Outlet Address						
Business Tel	Email		Mobile					
Company Registered No.		Home Address - and previous if under 4 years						
Credit limit applied for Bank Ref: Bankers:		Postcode         Home Telephone No.         Do you own this home         Yes         Name of any joint owner:         Previous address if applicable:						
Account No. S	ort Code	Applicants Date of Birth						
Breweries cannot be accepted as trade reference	S							
Trade Ref 1: Name:		Trade Ref 2: Name:						
Address		Address						
Telephone No.		Telephone No.						
Fax No.		Fax No.						
I/We acknowledge receipt of a copy of your terms of the month following delivery. I understand that I understand that a credit check will be carried out	until credit facilities have b	een authorized that all deliv						
Signed		Print Name						
On behalf of		Position						
Date								

Late payment interest and compensation will be charged on all overdue accounts in line with the Late Payment of Commercial Debts (Interest) Act 1998