



## **AL DISTRIBUTION LTD**

### ANCHOR MILK/FOOD ACCOUNT APPLICATION FORM - Weekly

Please Complete and Return via Fax 07 829 5980 or email to  
[aldistribution@outlook.com](mailto:aldistribution@outlook.com)

Trading as .....  
Registered Name .....

Postal Address .....

Delivery Address/Instructions  
.....  
.....

Phone No..... Fax No.....

Mobile Phone ..... E-mail address.....  
Contact – re milk deliveries .....  
Contact – re payment of account.....

Full Name(s) & Residential Address (es) of Owners  
.....Ph No.....  
.....  
.....Ph No.....  
.....

Years Trading .....Sole Trader.....Partnership.....  
Registered Company.....

Trading References  
1.....Ph No.....  
2.....Ph No.....  
3.....Ph No.....

I/We hereby make application for a credit account to be opened in the name of the above company/person. I/We agree to pay this account WEEKLY by the Thursday following. Any unpaid by due date the Franchise Holder *reserves the right to impose* interest at 5% per calendar month until principle and interest has been paid in full. I/We have read, and understand your Terms and Conditions of Sale and agree to abide by them. I/We agree to pay on demand all collection costs and solicitors' fees, charges and/or costs and enforcement costs incurred or expended in recovering payment of this account

Signed.....Position.....  
Date.....

**AL Distribution Ltd**

Telephone: (07) 829 5980 Fax (07) 829 5980, Mobile 0274 471 021