

## **CUSTOMER APPLICATION FOR CREDIT**

For use where there is no signed contract between UKHSA and the Customer. Please send the completed and correctly authorised application form and a blank copy of your official company letterhead/Purchase Order to: Email Name..... .....@ukhsa.gov.uk a.Full Company/ Organisation name..... b.Company/ Organisation registration number (if applicable)..... c.Company/ Organisation registered address..... d.Trading address including postcode ..... ..... e. Business sector - please tick one NHS body 🗌 Government body 🔲 Local Authority 🔲 Commercial Organisation 🗍 Other 📋 For NHS bodies:NHS code for the agreement of balances (AoB) exercises ..... f. VAT/Tax county code & registration number If you are based outside the UK and not registered in your local country for VAT/GST supplies to you will be subject to UK VAT under the UK VAT Act (1994) place of supply rules, unless a full business reason is supplied. g.EORI number ..... h.Credit limit requested £.....Expected annual spend with the UKHSA £.... i.Contact details for invoices & payments: Name..... Telephone number...... Email..... Invoice Address ..... Delivery Address ..... Supplied Tick box

Print name...... Date .....

Reference number: FI 09 03 Credit control policy Version: 01.00

UNCONTROLLED WHEN PRINTED

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