

PUBLIC HEALTH ENGLAND CUSTOMER APPLICATION FOR CREDIT

For use where there is no signed contract between PHE and the Customer. Please send the completed and correctly authorised application form and a blank copy of your official company letterhead to:

Name..... Email@phe.gov.uk

- a. Full company/ organisation name.....
b. Companies House registration number (if applicable).....
c. Company 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

AoB email contact details

- f. Is the company/ organisation VAT registered? Yes No

If yes: VAT Country Code VAT number

Please note that VAT details will be validated as part of the new account application process.

- g. Credit limit requested £.....Expected annual spend with the PHE £.....

h. Contact details for invoices & payments: Name.....

Telephone number..... Email.....

Invoice Address

Delivery Address

PHE contacts

Accounts Receivable Ledger Manager: Paul Whitty receivables@phe.gov.uk

Conditions of granting credit accepted by the applicant: The application must be signed by a Director or Finance Manager of the organisation who has the authority to agree to the PHE terms and conditions, which are applicable at the time of supply. PHE reserves the right to change its terms and conditions throughout the lifetime of this credit agreement and which can be found on its website at www.gov.uk/government/publications/phe-terms-and-condition-of-business. Note that the credit facility may be stopped if the account exceeds the agreed credit limit or falls into arrears, and legal action may be taken to recover monies due. Title of goods will pass only upon full payment.

Signature..... **Position**

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