



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:

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
f. Is the company/ organisation VAT registered? Yes [] No []
If yes: VAT Country Code VAT number
g. Credit limit requested £.....Expected annual spend with the UKHSA £.....
h. Contact details for invoices & payments: Name.....
Telephone number..... Email.....
Invoice Address
Delivery Address

UKHSA contacts - : Head of Accounts Receivables 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 UKHSA terms and conditions, which are applicable at the time of supply. UKHSA 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/UKHSA-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