UK Health Security Agency

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 ……..…….....@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

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 .....**