

# The Award Scheme Ltd

## Credit Account Application Form

The Award Scheme Ltd (ASL) is the trading arm of The Duke of Edinburgh's Award, a registered charity, number RC1072490. ASL is a registered company, number 2173914, with registered offices at Gulliver House, Madeira Walk, Windsor, Berkshire, SL4 1EU. Please complete this form to apply for credit facilities with ASL, allowing purchases to be made subject to our standard 30-day terms. ASL reserves the right to decline applications and to withdraw credit facilities at any time, subject to the attached Terms & Conditions. By completing this form, you confirm acceptance of The Award Scheme Ltd's Terms & Conditions.

### Details of Applicant

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

eDofE Number: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Bank Reference Used on BACS Payments (Abbreviation of Customer Name): \_\_\_\_\_

Operating Authority Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Billing Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Delivery Details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

### Restricted Items

Please note that some items, including Participation Places, may only be purchased by DofE Managers & Assistant DofE Managers. If the account is for a DofE Centre & you would like your Operating Authority's DofE Manager to be able to order restricted items to be invoiced & delivered directly to you, please ensure you include the DofE Manager's details in the section below as an Authorised Person.

### Details of Other Authorised Persons

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

eDofE Number: \_\_\_\_\_

Please return the completed form to:

The Award Scheme Ltd, Unit 18/19 Stewartfield Industrial Estate, Off Newhaven Road, Edinburgh, EH6 5RQ

### Details of Other Authorised Persons (cont.)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

eDofE Number: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

eDofE Number: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Job Title: \_\_\_\_\_

eDofE Number: \_\_\_\_\_

**Please note** – any other persons you authorise on this form will be permitted to order on this account. Any amendments/additions/deletions must be provided in writing by the person completing this form.

### Financial References

Please attach two financial references on headed paper from organisations with whom you/the organisation currently hold credit facilities. These must include contact details for the person providing the reference.

Organisation Providing Reference 1: \_\_\_\_\_

Organisation Providing Reference 2: \_\_\_\_\_

### Confirmation

I confirm that all information supplied in this form is true and accurate, and that I have read and accept the Terms & Conditions of the ASL Credit Account. If submitting this application on behalf of an organisation, I also confirm that I am authorised to act on their behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Date Application Received: \_\_\_\_\_

References:

Reference 1 Checked:            Yes    No

Reference 2 Checked:            Yes    No

Customer Analysis:

Type:                    Code: \_\_\_\_\_            Name: \_\_\_\_\_

OA:                      Yes                            No

PP Auth:                Yes                            No

Region:                 Code: \_\_\_\_\_            Name: \_\_\_\_\_

Application Approved:            Yes    No

Account Number: \_\_\_\_\_    Account Name: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Date Confirmation Letter Sent: \_\_\_\_\_