



THE DUKE OF EDINBURGH'S AWARD

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):		Licensed Organisation name:
Tel:	Fax:	Email:

Billing details

Title:	First name:	Surname:
Job title:	Organisation name:	Address:

Delivery details

Title:	First name:	Surname:
Job title:	Organisation name:	Address:

Details of other authorised persons

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 or deletions must be provided in writing by the person completing this form.

Restricted items

Some items, including Participation Places, may only be purchased by Licensed Organisations. In some specific circumstances, the Licensed Organisation may authorise others within their network to order these items directly. We will contact the Licensed Organisation and the relevant DofE Regional Director for verification before any nominated persons are authorised to purchase restricted items.

Are you completing this form on behalf of a Licensed Organisation Head Office: **Yes/No**
 Are you completing this form on behalf of any other part of the DofE network, but believe you should be authorised to order *Participation places* by the Licensed Organisation?: **Yes/No**
 If 'yes', please state why:

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

|                                                  |                               |                                    |
|--------------------------------------------------|-------------------------------|------------------------------------|
| <b>Date application received:</b>                | <b>Reference one checked:</b> | <b>Reference two checked:</b>      |
|                                                  |                               |                                    |
| <b>Restricted items authorisation requested:</b> | <b>LO approved:</b>           | <b>Regional Director approved:</b> |
|                                                  |                               |                                    |

### Customer analysis

|                               |                        |                      |
|-------------------------------|------------------------|----------------------|
| <b>Type:</b>                  | <b>Code:</b>           | <b>Name:</b>         |
|                               |                        |                      |
| <b>Licensed Organisation:</b> | <b>RBP Auth:</b>       | <b>Region:</b>       |
|                               |                        |                      |
| <b>Code:</b>                  | <b>Name:</b>           |                      |
|                               |                        |                      |
| <b>Application approved:</b>  | <b>Account number:</b> | <b>Credit limit:</b> |
|                               |                        |                      |

|                                       |
|---------------------------------------|
| <b>Date confirmation letter sent:</b> |
|                                       |

Please return the completed form to The Award Scheme Ltd, Unit 18-19  
Stewartfield, Newhaven Road, EDINBURGH, EH6 5RQ.