



Direct Debit

LETS WORK TOGETHER TO KEEP OUR COSTS DOWN

The Hotchilli mission is to provide best of breed products supported by the highest level of service at the lowest possible cost. A vital part of maintaining our overheads, is our quest for efficiency in all areas of business.

Paying by Direct Debit brings benefits for both Hotchilli and it's customers alike. We benefit by the efficient collection of monies and our customers benefit by receiving a monthly advice of all purchases with upto 40 days credit terms, together with much reduced administration costs. The Direct Debit Guarantee provides excellent financial security when paying invoices. Please refer to the Direct Debit Guarantee below for details.

Direct Debit Details

The Direct Debit Guarantee

- This scheme is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change, Hotchilli will notify you 3 days in advance of your account being debited or as otherwise agreed.
- If an error is made by Hotchilli or your bank or Building Society, you are guaranteed a full and immediate refund from your branch, of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send of copy of your letter to us.



Direct Debit Instruction Details

4 1 0 6 6 8

Originator's Identity Number

Name and full address of
Bank/Building Society:

To the Manager: _____ Bank/Building Society

Postcode: _____

Name of account holder(s): _____

Branch sort code:

Account Number:

Our reference No.:

Instruction to your Bank/Building Society: Please pay Hotchilli Direct Debits from the account detailed on this instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand this may remain with Hotchilli and if so, details will be passed electronically to my Bank/Building Society.

Signed: _____

Print name: _____

Dated: _____

IF YOU FAX THIS FORM TO US, PLEASE ALSO POST THE ORIGINAL OF THE DIRECT DEBIT MANDATE TO US AS WELL

If you would like any further information on this or any of our other services please do not hesitate to contact us.

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