

## APPLICATION FOR CREDIT ACCOUNT

Full Trading Name: \_\_\_\_\_

Trading Address \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Mob. No: \_\_\_\_\_

Email: \_\_\_\_\_

Invoice/ Statement Email: \_\_\_\_\_

If you would like to receive emails from us regarding news, events and special offers please indicate here Yes

Please tick appropriate boxes:

Limited Company  Partnership  LLP  Sole Trader  Home Owner  Tenant

If Limited Company or PLC: Year of Incorporation \_\_\_\_\_ Company Number \_\_\_\_\_

**All applicants MUST provide copy of a current utility bill, for the trading address, before an application can be considered. Please note telecom bills will not be accepted.** Utility bill enclosed

Please supply Director's home address if different from above \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Maximum Credit Required £ \_\_\_\_\_

Full Name of Person Responsible for Payment of Account on Time: \_\_\_\_\_

Name and Address of Bankers: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

**REFERENCES:**

Please give name, address, and fax number of two suppliers with whom you have a credit account:

	<u>Name</u>	<u>Address</u>	<u>Fax Number</u>
1			
2			

**PLEASE NOTE WE CANNOT ACCEPT FAX OR EMAIL COPIES OF THIS FORM, ORIGINALS ARE REQUIRED**

DECLARATION BY CREDIT APPLICANT. **Must be signed by a Director(s) if a Limited company/member of LLP.**

I being an authorised Officer of this business agree to your terms and conditions and that payment of all accounts will be received by you (our supplier) within your stated credit terms. I confirm that I am a Director/Proprietor of the above company/business and that in consideration of your continuing to supply them, I hereby guarantee all liabilities of the above company/business to yourselves howsoever arising, and I undertake to indemnify you immediately on first demand, without set-off or deduction in respect of all losses, claims, damages, costs and any other indebtedness which may arise. This guarantee is a continuing security and primary obligation which shall not be affected by any waiver, release or indulgence allowed to the above company. I give permission for you to undertake a credit reference agency search.

Signed.....Full Name (Please Print).....

Date.....

Signed .....Full Name (Please Print).....

Date.....

For Office Use Only

Submitted By Authorised by NN References Scanned & Letter Sent Account No.

WEB				
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We understand and will exercise our statutory right to claim interest and compensation for debt recovery costs under the late payment legislation if we are not paid according to agreed credit terms. We reserve the right to refuse payment on account by Credit Card.