

Credit account application form

TRADING NAME

INVOICE ADDRESS

TEL NO

FAX NO

EMAIL

TYPE OF BUSINESS (please tick where appropriate)

REGISTERED COMPANY

PARTNERSHIP

SOLE TRADER

IF REGISTERED COMPANY (PLEASE COMPLETE THIS SECTION)

ADDRESS OF REGISTERED OFFICE

COMPANY REGISTRATION

DATE ESTABLISHED

NAME OF ULTIMATE HOLDING COMPANY (if applicable)

IF PARTNERSHIP / SOLE TRADER (complete this section)

NAME AND ADDRESS OF PRINCIPAL(S)

POST CODE

POST CODE

MAIN TRADING ACTIVITY

NUMBER OF EMPLOYEES

BANK REFERENCE

NAME OF BANK

ADDRESS OF BANK

ACCOUNT NUMBER

SORT CODE

TRADE REFERENCES

SUPPLIER 1—NAME AND ADDRESS

SUPPLIER 2—NAME AND ADDRESS

CONTACT NAME

CONTACT NAME

TEL NO

TEL NO

PERIOD TRADED WITH SUPPLIER

PERIOD TRADED WITH SUPPLIER

CREDIT ACCOUNT APPLICATION

FULL TRADING NAME OF APPLICANT

ESTIMATED TOTAL PURCHASES
PER YEAR

£

PAYMENT METHOD

CHEQUE

CREDIT TRANSFER

OTHER METHOD

SPECIAL PURCHASING
PROCEDURES OR CONDITIONS

MAXIMUM MONTHLY CREDIT
REQUIRED

£

AUTHORISED PURCHASERS

NAME AND TITLE

NAME AND TITLE

NAME AND TITLE

NAME AND TITLE

I / We the applicant request P. B. Donoghue (Builders Merchants) Ltd (The Company) to open a credit account facility and hereby agree to abide by all terms and conditions of the Company including those listed below, and hereby authorise P. B. Donoghue (Builders Merchants) Ltd to make enquiries relating to our credit standing as you consider necessary, and to check the bank and trade references we have supplied.

- 1) Invoices to be paid on or before 20th of the month following date of invoice
- 2) Amounts in excess of credit facility granted to be paid immediately
- 3) Queries to be notified a minimum of seven days before due date. Otherwise invoices to be paid in full and on time.
- 4) Interest at a rate of 2% per month to be paid on amounts outstanding.
- 5) Titles of goods remain with the seller until paid in full.
- 6) In consideration of The Company extending credit to the applicant named above, the person signing this form hereby guarantees payments to The Company of all outstanding monies including amounts owed in excess of credit limit (see condition 2) and any interest applicable (see condition 4)
- 7) The above conditions must be accepted in their entirety in order for this application to be considered.

I read, understood and want to be legally bound to the conditions detailed above.

AUTHORISED SIGNATORY

NAME (Please print)

DATE

TITLE

THIS FORM MUST BE SIGNED BY A DIRECTOR / PROPRIETOR OF THE FIRM

THIS SECTION IS FOR OFFICE USE ONLY

DATE ACCOUNT OPENED

ACCOUNT NUMBER

NOTES

CREDIT AUTHORISED

CREDIT DENIED

CREDIT LIMIT £

AUTHORISED BY

TITLE

TO THE MANAGER OF

DATE

DEAR SIR / MADAM

CUSTOMER NAME:

ADDRESS

ACCOUNT NO

SORT CODE

We request your opinion as to the means and standing of the above business concern.

Also their trustworthiness in the way of business to the extent of

£

Please find below their consent for you to provide this information to us

CONSENT (to be completed by an authorised account signatory of the business subject to the enquiry)

I

(Full Name)

of

(Business Name)

Consent To

Bank PLC

Providing a bank reference on my / our account(s) with you and I / we authorise
our Bank to deduct such charges as may be appropriate.

SIGNED

Bank Account
Signatory)

DATED

SIGNED

On behalf of P. B. Donoghue (Builders Merchants) Ltd

DATED