



CREDIT ACCOUNT APPLICATION FORM.

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**PLEASE INCLUDE A COPY
OF YOUR COMPANY LETTERHEAD**

Business Type Limited Sole Trader Partnership

Year Trading Commenced Ltd Co Registration Number
(If SOLE Trader, please provide full Name, Address and Date of Birth)

Company Registered Name

Registered Address

Invoicing Address

Tel No Fax No E-mail

If Partnership, give FULL NAMES and home addresses of ALL partners (use a separate sheet if necessary).

1

2

REFERENCES (Please note):

BSS, BOC, WOLSELEY, BROUGHTONS AND PIPELINE CENTRES DO NOT GIVE TRADE REFERENCES.

Please supply Name, Telephone and Fax Number of 2 Current Suppliers.

Supplier 1 Tel Fax

Supplier 2 Tel Fax

Name of Bankers **Branch**

Sort Code Account Number

Purchasing / Contract manager (please provide: Full Name, Tel & email)

Name Tel Email

Accounts Payable (please provide: Full Name, Tel & email)

Name Tel Email

Maximum monthly credit required £

Declaration by applicant seeking credit

I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date, 30 days from the end of the month it may result in legal action and the matter being referred to the court for recovery of the debt; if so we agree to indemnify you against the cost that you incur in referring the court to pursue the debt.

. I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share information with other businesses. I/ they may also make enquiries about the directors/partners as applicable.

. I authorise our bankers to provide an opinion as to our suitability for the requested account.

Signed **Date**

(Position in company)