

## Application for Credit Account

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

Invoice Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please state nature of business: \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

A/C No.: \_\_\_\_\_ A/C Name: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Trade Reference 1 \_\_\_\_\_ Trade Reference 2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Number of years account held with: Reference 1: \_\_\_\_\_ Reference 2: \_\_\_\_\_

Maximum credit required at any one time: \_\_\_\_\_

When ordering/collecting material.

Is an official order number required? Yes  No

If no order system is used, give names of persons authorised to order/collect materials on your behalf:

\_\_\_\_\_

Give details of any other conditions relating to the ordering/collection of goods by your staff:

\_\_\_\_\_

\_\_\_\_\_

LIMITED COMPANIES ONLY

Company Name: \_\_\_\_\_  
Company Registration Number: \_\_\_\_\_  
Company Registered Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOLE TRADER & PARTNERSHIPS ONLY

Name of Principals/Partners: \_\_\_\_\_  
Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel No.: \_\_\_\_\_ Home Tel No.: \_\_\_\_\_

We have read and agree to the terms and conditions of sale found either overleaf or on your website. We accept that in processing our account application for credit facilities you may make enquiries of credit reference agencies or other third parties who may also record those enquiries. You may also disclose information about the conduct of our account with you to credit reference agencies or other third parties. The information obtained from or provided to credit reference agencies or third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_ Position in Company: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:

**G B Willbond, Deakins Place, Radford, Nottingham NG7 3FT.**

OFFICE USE ONLY

Account opened: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Class: \_\_\_\_\_

Authorised: \_\_\_\_\_ Account code: \_\_\_\_\_

Rep No.: \_\_\_\_\_