PLUMBING
HEATING
ELECTRICAL
WHOLESALERS



TRADE CREDIT ACCOUNT APPLICATION FORM

Company Name:			Legal Entity:			
			☐ Limited Co ☐ Partnership ☐ Sole Trader ☐ LLP			
Invoice Address:			Registered Office: (If same as Invoice address leave blank)			
Post Code:			Post Code:			
el No: Mobile No.			Email Address:			
Contact Name:			Company Registration No:			
Statement Email:			Vat Registration No:			
Quotes Email:			Established (No. of Years):			
Partner 1/Director 1			Partner 2/Director 2			
Name:			Name:			
Home Address:			Home Address:	ne Address:		
Post Code:			Post Code:			
Bank Reference			Reference 1 Trade Reference 2			
Name:				Name:		
Contact Name:				Contact Name:		
Address:				Address:		
Telephone No:	Telepho			Telephone No:		
Duration of		A/C Open Since:		A/C Open Since:		
Relationship:	Credit L	Credit Limit:		Credit Limit:		
Expected Monthly Sales: £			Max Amount of Credit Required: £			
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 I have read and understood the Company's Terms and conditions for the Supply of Goods and Service and agree to abide by them. I am aware that the Company must be notified of any discrepancies or queries as follows: 						
 Invoice queries or Product quantity or description problems – within 7 days of receipt Faulty products – please refer to Terms and Conditions overleaf. 						
 I confirm acceptance of the Company payment terms of 30 days from end of month of invoice date. I give my consent to a credit search being made on me as owner/partner or director of this organisation both now & at any future date. I understand this search will be recorded by the agency & may be disclosed to subsequent enquirers. I the undersigned as an Officer of the applicant business hereby personally guarantee payment of all monies due for goods supplied by the company and in accordance with their terms and 						
Signatory 1	Signatory 1 Date:		ne: Position:			
Signatory 2 Date:		Print Nar	me:	Position:		