



## Credit Account Application Form

Please state corporate identity:      Sole Trader      Partnership      Limited      PLC

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**If Limited Company / PLC, complete this section.**

Corporate Name:

Company Registration Number:

Other Trading Name(s):

Registered Office Address:

Contact Name:

Telephone:

Position:

Fax:

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**If Sole Proprietor / Partnership, complete this section.**

Full Trading Name:

Trading Address:

Contact Name:

Telephone:

Position:

Fax:

Home Address (1):

Home Address (2):

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**Important Note: Our credit terms are Nett 30 days from the date of the invoice unless specifically agreed in writing.**

1. If the seller agrees to provide credit facilities to the buyer, I/We, as primary obligors, hereby unconditionally and irrevocably guarantee to the seller the due payment and discharge by the buyer if all the buyer's present and future indebtedness to the seller.
2. If the buyer defaults in payment of any indebtedness to the seller when due I/We shall pay to the seller in demand, without sett off or other deduction, an amount equal to the amount unpaid.
3. Our/My agreement to make the above payments shall not be discharged by time or any other concessions given to the buyer by the seller or by anything the seller may do or omit to do, shall be in addition to any other guarantee or security held by the seller at any time for any indebtedness of the buyer, shall be a continuing liability, shall not be discharged by any intermediate settlement of any indebtedness of the buyer, shall remain in effect until all indebtedness of the buyer is discharged in full, shall remain in force notwithstanding any failure, defect, illegality or unenforceability of or in any of the buyer's obligations in respect of any indebtedness to the seller and where given by more than one person, shall be binding on each such person jointly and severally.
4. I/We have read and understood the seller's terms and conditions and agree to abide by same:

**Signed:**

**Date:**

**Position:**

**Signed:**

**Date:**

**Position:**

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**For Office Use Only**

Credit Approved: Yes/No

Authorised By:

Credit Limit: £

Special Terms:



## Company Profile Form

Company Name:

Nature of Business:

Years in Business:

If different from registered office, please specify:

Invoicing Address:

Delivery Address:

VAT Registration Number:

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### Accounts Department Information:

Contact Name:

Telephone:

Email Address:

Please tick how you would like to receive invoices:    Email            Post

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### Sales Department Information:

Contact Name:

Telephone:

Email Address:

Does your company use purchase orders:    Yes            No

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**Signed:**

**Date:**

**Position:**