

**CREDIT FACILITY APPLICATION – please answer all questions and return under your business letter paper.**

Customer Name (In Full):			
Reg. Office Address:			
			Post Code:
Telephone No.:		Fax No.:	
Website address:			
Year Established:			
Company Reg. No:		VAT Reg. No.:	
Proprietor/Directors:			
Email Contact: (Purchasing)		Email Contact: (Accounts)	
Trading Name & Address: (if different from above)			
Telephone No.:		Fax No.:	
Under which name:		a) will you order?	
		b) will you be invoiced?	
		c) and to which address?	
Name of Bank:			
Branch Address:			
Account No:			
Sort Code No.:			
Trade References: (postal or email address)		1)	
		2)	

This application is for a Credit Facility to be opened in my/our name. I/We agree to your terms and conditions set forth in the Standard Conditions of Sale and understand that credit facilities may be reviewed if payment is not made to you within our terms which are strictly nett monthly.

We understand that, until the facility is granted, goods will be supplied on Pro-Forma terms only.

**Declaration and Data Protection Notice**

I/We confirm that the information given in the (Credit Account Application Form) is in all respects true and accurate. I/We confirm that I/We have read and understood your terms and conditions of (sale/business) and I/We unconditionally accept that those terms and conditions shall be the only ones that apply to all sales contracts which I/We may conclude with you.

**Data Protection Act 1998 Notice**

Words shown in *italics* are defined in the Data Protection Act 1998 ("the Act")

Where I/we provide you with *personal data* ("data"), I/we understand that the data will be held securely in confidence and *processed* for the purpose of carrying out your (orders) business and associated activities ("Activities"). In considering my/our application, I/we accept that you may consult with and disclose the data to credit reference agencies, banks, credit insurers and other responsible organizations outside your business that you have nominated ("third parties"), and that such third parties may process the data. I/we understand that under the Act I/we have a right to know what data you hold on me/us if I/we apply to you in writing and pay the applicable fee.

**Signed on behalf of the Company** \_\_\_\_\_ **Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Delivery Address: (if different from Trading address):			
Acceptable Time/Days:			
Early Closing Day:		Telephone No:	