

Application for Credit Account

Please complete <u>ALL</u> boxes <u>IN FULL</u> and fax to (01273) 516764
Failure to complete all the boxes on this form may delay your account being opened. Thank you.

Full company Name:			
Full Company Invoice Address:			
Tel:	Fax		
Email:			
Web:	www.		
Registered Office:			
(if different to Invoice Address)			
Registration No:	VAT No	:	
Nature of Business:	Number	r of Employees:	
Date Trading Commenced:	Credit	Limit Required:	
Directors / Partners Name(s):			
Accounts Payable Contact:	Emai	l:	
Purchase Dept. Contact:	Emai	l:	
Bank Name:		Account No:	
Address:		Sort Code:	
1. Trade Ref. Name		Tel:	
Address:		Fax:	
		Email:	
2. Trade Ref. Name		Tel:	
Address:		Fax:	
	and the first Post Program and	Email:	
I/We declare the above information to be correct and authorise Doorbitz-Direct to carry out the necessary credit checks and Bank reference to open this Credit Account. We are aware that your payment terms are strictly 30 days end of month. All Invoices are net plus carriage & VAT charged at the appropriate rate. Title of goods does not pass until payment is received in full. Claims for damaged goods must be notified in writing within 72 hours. Doorbitz-Direct reserve the right to place overdue accounts on stop at any time and, if deemed appropriate, to charge interest at 4% of the total balance outstanding per day that the account is overdue.			
Name:		Date:	

Position:

PRIVATE AND CONFIDENTIAL	Date:	
The Manager		
Dear Sirs	STATUS ENQUIRY REQUEST	
We request your opinion as to the mean	ns and standing of:	
Company Name: Address:		
Account No.: Sort Code:		- -
and their trustworthiness in the way of	normal business engagements to the extent of CONSENT SECTION	:]
I/We		_consent to
reference on me/u	us to JB Architectural Ironmongery Limited.	Bank Plc, providing a
Authorised Signature:		
Date:		-
Company Stamp:		