

APPLICATION TO OPEN A CREDIT ACCOUNT WITH PARTWELL (Issue 150509)

Name of Business:

Business Address:

Postcode:

Telephone:

Fax:

Order Contact:

E-mail of Order Contact:

Business Type: Limited Sole Partnership

Company VAT & Registration Numbers: _____ **Years Trading:** _____

Registered Address or Proprietor/Applicant's Home Address:

Postcode:

Home Owner: Yes No

REFERENCE – 1

Supplier Name:

Address:

Postcode:

Credit Limit:

REFERENCE – 2

Supplier Name:

Address:

Postcode:

Credit Limit:

Bankers Name:

Branch:

Sort Code:

Account Number:

Maximum anticipated monthly credit:

Name of person responsible for paying account on time:

DECLARATION BY APPLICANT SEEKING CREDIT

I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/they may also make enquiries about the directors/partners as applicable. I authorise our bankers to provide an opinion as to our suitability for the requested account. **We agree that to your Credit Terms of 30 days from date of invoice. We have read, agree & understand your terms and conditions of sale.** Please be aware that under the terms of the late payment of commercial debts (interest) Act 1998 interest will be charged at our bank's base plus 8% and will start to accrue from the date the invoice was due.

A £9 surcharge charge may be administered for copy POD's and invoices

SIGNED: _____ **NAME:** _____

DATE: _____ **POSITION:** _____

Please Sign and Fax Back to 01254 674823

For credit account queries please contact debbie@partwell.com or call the accounts team on 01254 295704