

CREDIT ACCOUNT APPLICATION FORM

SECTION 1: COMPANY DETAILS

Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited <input type="checkbox"/>	Other <input type="checkbox"/>
Trading Since (Date):			

Trading Name:

Registered Address:	
	Post Code:
Tel. No:	
Purchasing Contact Name:	
Contact Number:	
Contact Email:	

Invoice and Statement Address (if different from above):	
	Post Code:
Tel. No:	
Account Payable Contact Name:	
Contact Email:	

Annual Turnover (£):	Number of Staff:	Anticipated Purchases Per Month (£)
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Company Reg. Number:	VAT Reg. No:
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Directors Full Name:	Directors Full Name:
Address:	Address:
Contact No:	Contact No:

SECTION 2: BANK DETAILS

Bankers Name and Address:	
	Post Code:
Account Number:	Sort Code:

SECTION 3: TRADE REFERENCES

Trade Reference 1 – Company Name:	
Address:	
	Post Code:
Tel. No.:	Accounts Email Address:

Trade Reference 2 – Company Name:	
Address:	
	Post Code:
Tel. No.:	Accounts Email Address:

SECTION 4: AGREEMENT

1. All invoices are to be paid **within 30 days** from date of invoice.
2. Claims arising from invoices must be made within 7 working days.
3. By submitting this application, you authorise Blackburn Skips Ltd to make enquiries into the banking and business/trade references that you have supplied.
4. Credit checks will also be made with Creditsafe and will continue on a quarterly basis while the account is still active.
5. Invoices will be supplied via email, unless you advise otherwise.
6. Initial credit limit is £1,000, unless otherwise agreed.

SIGNATURES (IF PARTNERSHIP, 2 SIGNATURES ARE REQUIRED)	
Name:	Name:
Position:	Position:
Date:	Date:

Do you use order numbers?	YES	NO
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Please return this completed form, with a copy of your letter headed paper to:
accounts@blackburnskips.co.uk

For completion by Blackburn Skips Ltd Only:

Credit Check Completed	Bank <input type="checkbox"/>	Trade Ref. No.1 <input type="checkbox"/>	Trade Ref. No.2 <input type="checkbox"/>
Creditsafe Check <input type="checkbox"/>			

Account ref. given:	Sales Person Advised: <input type="checkbox"/>	Customer Advised <input type="checkbox"/>
Notes:		

W.S. Checklist	Order Nos: <input type="checkbox"/>	Invoice frequency: <input type="checkbox"/>	Email/Post: <input type="checkbox"/>	REI Check: <input type="checkbox"/>
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