

SIMMONS OF STAFFORD LTD.

BRINDLEY CLOSE, TOLLGATE IND PARK, BEACONSIDE, STAFFORD, ST16 3SU

TEL: 01785 227766

FAX: 01785 227733

CREDIT ACCOUNT APPLICATION FORM

FULL COMPANY NAME: _____

TRADING AS (Where different from above): _____

ADDRESS: _____

TEL: _____

MOB: _____

FAX: _____

POSTCODE: _____

TYPE OF BUSINESS: _____

TRADING TYPE: SOLE TRADER PARTNERSHIP LTD COMPANY REG No: _____

HOW LONG HAVE YOU BEEN ESTABLISHED? _____ YEARS _____ MONTHS

PREVIOUS ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS

_____ POSTCODE: _____

WILL OFFICIAL ORDER NUMBERS BE MANDATORY? YES NO

IS A SITE ADDRESS MANDATORY? YES NO

NAME AND ADDRESS OF SOLE TRADER / PARTNER(S) / DIRECTOR(S)

NAME: _____ NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____ ADDRESS: _____

POSTCODE: _____ POSTCODE: _____ POSTCODE: _____

MAXIMUM LEVEL OF MONTHLY CREDIT REQUIRED: £ _____

PAYMENT METHOD CHEQUE BACS CASH DEBIT CARD CREDIT CARD

PAYMENT BY CREDIT CARD WILL BE SUBJECT TO A 3% CHARGE

HAVE ANY PRINCIPALS (PARTNERS/DIRECTORS/TRUSTEES OR PROPRIETORS)

BEEN INVOLVED IN A LIQUIDATION/BANKRUPTCY/IVA/CVA/ RECEIVERSHIP? YES NO

A TRADE REFERENCE MUST BE FROM A COMPANY WHO HAS GIVEN CREDIT TERMS TO YOURSELVES FOR A PERIOD OF AT LEAST 6 MONTHS. **(REFERENCES FROM OTHER BUILDERS MERCHANTS ARE NOT SUITABLE)**

1ST TRADE REFERENCE

NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

2ND TRADE REFERENCE

NAME: _____

ADDRESS: _____

TEL: _____

FAX: _____

BANKERS: _____

ADDRESS: _____

A/C No. _____

SORT CODE: _____ - _____ - _____

I/WE HAVE READ AND UNDERSTOOD THE CONDITIONS OF SALE OVERLEAF. CREDIT TERMS ARE PAYMENT BY THE END OF THE MONTH, FOLLOWING THE DATE OF INVOICE, AND IF GRANTED CREDIT I/WE AGREE TO ABIDE BY THESE STIPULATIONS.

SIGNED: _____

PRINT NAME: _____

DATE: _____ / _____ / _____

OFFICE USE ONLY				
ACCOUNT OPENED BY				
DATE				
ACCOUNT REF				