Credit Account Application Form

Type of Business

Sole Trader Partnership ☐   Limited Company ☐

Full Legal Name of Company_____

Trading Name (if different)_ _____

Trading Address_____

_____

_____ Postcode _____

VAT Number_____

Sole Trader / Partnership Details

Full Name and Home Address of Proprietor / Partners

_____   _____   _____

_____   _____   _____

_____   _____   _____

Postcode _____   Postcode _____   Postcode_____

Limited Company Details

Registered Company No. _____

Registered Office Address (if different from Trading Address)

_____

_____

_____

Postcode _____   Co. Secretary _____

About Your Business

Date Commenced Trading _____ Number of Employees _____

Turnover Last Year £_____ Projected Turnover This Year £_____

Accounts Contact _____Position _____

Accounts Telephone _____ Accounts Fax _____

Accounts E-mail _____

Credit Requirement

Which type of account do you require? Credit Account ☐ Cash Account ☐

Method of Payment Cheque ☐ BACS ☐ Credit Card* ☐

*Please Note: Administration charge may be applied

Credit Limit Required £_____

If we are unable to approve a credit account, would you still like to obtain a cash account? Yes ☐ No ☐

References
Company Name   Company Name

_____   _____

_____   _____

_____   _____

_____ Postcode_____ _____ Postcode_____

Monthly Spend Credit Limit £ _____ Monthly Spend Credit Limit £ _____

Phone _____Fax_____ Phone _____Fax_____

Bank Details

Name _____

Address _____

_____ Postcode _____

Sort Code _____ Account Number _____

Length of Time With Bank _____ Do You Have a Company Credit Card _____

Payment

Payment shall be 30 days from the date of invoice. Errors and Omissions to be notified in writing within 14 days. Late payments will be subject to a surcharge of 8% and interest in accordance with our terms and conditions of sale. Orders accepted in accordance with our terms and conditions of sale, copies available on request or downloadable from our web site (http://www.tscbs.co.uk/index.php/about-us/legal-documents). Please sign below to confirm your acceptance of these terms.

For and on behalf of …………………………………………….........………………………………
I confirm I am an authorised officer of the company and entitled to sign on behalf of the company

Signature………………………........……....………… Title………………….....………….........……………..

Print name.. Date...

Please fax this completed form to +44 (0)845 649 2951 or email to info@tscbs.co.uk