

Kingsley

Bathroom | Plumbing | Heating

APPLICATION FOR CREDIT FACILITIES

PLEASE COMPLETE THIS FORM PRINTING CLEARLY AND RETURN WITH A COPY OF YOUR LETTERHEADING

NAME:.....

COMPANY NAME:.....

ADDRESS:.....

.....POST CODE:.....

TELEPHONE NO:.....MOBILE NO:.....

EMAIL ADDRESS:.....

REGISTERED OFFICE:.....

CO. REG NO:.....VAT NO:.....

SPECIAL INSTRUCTIONS:..... ORDER REF REQUIRED Y/N

DO YOU REQUIRE INVOICES/STATEMENTS EMAILING - YES / NO

IF SO WHICH IS THE PREFERRED EMAIL ADDRESS:.....

IF NOT A LIMITED COMPANY, PLEASE SUPPLY NAME AND ADDRESS OF PARTNERS/PROPRIETORS

NAME..... NAME.....

ADDRESS..... ADDRESS.....

TEL NO..... TEL NO.....

TRADE REFERENCES

COMPANY..... COMPANY.....

ADDRESS..... ADDRESS.....

TEL NO..... TEL NO.....

NAME OF UK BANK.....

TRADING TERMS

I/WE UNDERSTAND THAT YOUR TERMS ARE

STRICTLY NETT 30 DAYS MONTH END FOLLOWING DATE OF INVOICE

AND IF AN ACCOUNT IS OPENED I/WE AGREE TO PAY IN ACCORDANCE WITH THESE TERMS.

SIGNATURE OF APPLICANT..... DATE.....

PRINT NAME..... POSITION HELD.....

During the course of doing business with you we will collect personal data of employees, directors and owners.
The data above will be used to give us relevant contact details within your company for accounts and sales.
We take collection, use and safe storage of this data very seriously.
It will not be shared with any third parties without your prior consent.

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