



SUSSEX PLUMBING SUPPLIES

SUSSEX PLUMBING SUPPLIES LTD
UNITS 2 & 3 HAMMONDS DRIVE
EASTBOURNE, EAST SUSSEX, BN23 6PW
TEL: 01323 647520
FAX: 01323 647535

APPLICATION TO OPEN A CREDIT ACCOUNT

(PLEASE COMPLETE IN FULL USING BLOCK CAPITALS ENSURING THAT YOU HAVE READ AND UNDERSTOOD THE DECLARATION BEFORE SIGNING THEN RETURN TO THE ABOVE ADDRESS)

YOUR BUSINESS DETAILS

FULL TRADING NAME:

FULL ADDRESS:

POSTCODE:

LANDLINE TELEPHONE: FAX:

MOBILE: E-MAIL:

TYPE OF BUSINESS:

PUBLIC LIMITED COMPANY PRIVATE LIMITED COMPANY PARTNERSHIP SOLE TRADER

LIMITED COMPANY REGISTRATION NUMBER:

BANK DETAILS:

NAME OF BANKERS:

BRANCH:

SORT CODE: ACCOUNT NUMBER:

PLEASE GIVE FULL DETAILS OF ALL DIRECTORS/PARTNERS OR PROPRIETORS

NAME: NAME:

DATE OF BIRTH: DATE OF BIRTH:

HOME ADDRESS: HOME ADDRESS:

PLEASE GIVE DETAILS OF TWO SUPPLIERS OF GOODS ON CREDIT WHO MAY BE CONTACTED FOR REFERENCES

1. COMPANY NAME & ADDRESS:

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.....
.....

TELEPHONE:

FAX:

.....

2. COMPANY NAME & ADDRESS:

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.....
.....

TELEPHONE:

FAX:

.....

DECLARATION BY APPLICANT(S) SEEKING CREDIT

I/We hereby apply for a Trade Credit Account. I/We are duly authorized by the applicant business to enter into this agreement on its behalf. I/We agree that payment of the account will be made by the last working day of each month following month of invoice in accordance with the conditions of sale and being a Director/Partner or Proprietor of the applicant Company jointly and severally guarantee performance of all the Company's financial obligations to Sussex Plumbing Supplies Ltd.

I/We understand that as part of your assessment of us for the granting of credit, you will send details of our application to the Credit Protection Association plc who will search databases to which it has access. It may also search a credit reference agency for information relating to us (and in the case of a non-limited business, also relating to proprietors). The credit reference agency will record the fact of that search in the name of Credit Protection Association plc.

PLEASE SIGN HERE (ALL DIRECTORS/PARTNERS OR PROPRIETORS)

I/We have read and understood the declaration above and authorize our bankers to provide and opinion as to our suitability for the requested account.

SIGNATURE:

SIGNATURE:

.....

PRINT NAME:

PRINT NAME:

.....

POSITION IN COMPANY:

POSITION IN COMPANY:

.....

DATE:

DATE:

.....

