



SUSSEX PLUMBING SUPPLIES



# APPLICATION TO OPEN A CREDIT ACCOUNT

## **IMPORTANT INFORMATION: PLEASE ENSURE YOU READ IN FULL**

To comply with recent changes in the data protection legislation we must now request that all customers completing one of our application forms to open a credit account must sign overleaf having read the statement below authorising us to contact third parties, in order that we may process your application. Without this form signed and returned, we regret we will be unable to proceed further with your application.

In processing your account for credit facilities we may make enquiries of credit reference agencies or other third parties who may record those enquiries. We may also disclose information about the conduct of your account with us to credit reference agencies or other third parties. The information obtained from, or provided to, credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for trading and for fraud prevention.

**If you have any questions regarding this application,  
please do not hesitate to contact us:**

Tel: 01323 647520

Email: [info@sussexplumbingsupplies.co.uk](mailto:info@sussexplumbingsupplies.co.uk)

### **RETURN COMPLETED FORM TO:**

**Accounts Department  
Sussex Plumbing Supplies Ltd  
F5 & F6 Chaucer Business Park  
Dittons Road  
Polegate  
East Sussex, BN26 6JF**

PLEASE COMPLETE IN FULL USING **BLOCK CAPITALS** ENSURING THAT YOU HAVE READ AND UNDERSTOOD THE DECLARATION BEFORE SIGNING, THEN RETURN TO THE ADDRESS ON THE FIRST PAGE OF THIS DOCUMENT.

**TYPE OF BUSINESS:**

LIMITED COMPANY  PARTNERSHIP  SOLE TRADER  PRIVATE LIMITED COMPANY (PLC)

LIMITED COMPANY REGISTRATION NUMBER: .....

**YOUR BUSINESS DETAILS:**

*\* mandatory field*

TRADING NAME:\*

ADDRESS:\*

POSTCODE:\*

TELEPHONE:\*

MOBILE:\*

EMAIL:\*

**REGISTERED OFFICE ADDRESS (if different from above):**

ADDRESS:

POSTCODE:

**PERSONAL DETAILS:**

FIRST NAME:

SURNAME:

DATE OF BIRTH:

POSITION IN THE COMPANY:

**DETAILS OF OTHER PARTNERS OR DIRECTORS:**

FIRST NAME:

FIRST NAME:

SURNAME:

SURNAME:

DATE OF BIRTH:

DATE OF BIRTH:

POSITION IN THE COMPANY:

POSITION IN THE COMPANY:

ADDRESS:

ADDRESS:

*Use additional sheet of paper if required*

**GENERAL BUSINESS QUESTIONS:**

HOW LONG HAVE YOU BEEN ESTABLISHED?

.....

WHAT IS THE NATURE OF YOUR BUSINESS?

.....

TYPE OF PREMISES (e.g. Home / Shop etc)

.....

NUMBER OF EMPLOYEES:

.....

TOTAL CREDIT LIMIT REQUIRED (£):

.....

PLEASE LIST **ALL** PERSONS AUTHORISED TO PURCHASE GOODS AGAINST THIS ACCOUNT

1 ..... 4

2 ..... 5

3 ..... 6

7 ..... 8

**PLEASE GIVE DETAILS OF 2 COMPANIES SUPPLYING GOODS ON CREDIT WHO MAY BE CONTACTED FOR REFERENCES**

COMPANY NAME:

.....

COMPANY NAME:

.....

CONTACT NAME:

.....

CONTACT NAME:

.....

ADDRESS:

.....

ADDRESS:

.....

.....

.....

TELEPHONE:

.....

TELEPHONE:

.....

EMAIL:

.....

EMAIL:

.....

**BANK DETAILS:**

NAME OF BANK:

.....

BRANCH ADDRESS:

.....

.....

.....

SORT CODE:

.....

ACCOUNT NUMBER:

.....

## IMPORTANT INFORMATION - PLEASE READ & SIGN

### 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**

#### STATEMENTS AND INVOICES

We will **email** all statements and invoices to you. If you prefer **not** to have them emailed and would like **paper copies posted to you** please tick the box.

**PLEASE POST ME PAPER COPIES**

#### MARKETING

We will email your company our monthly newsletter which contains information on price changes, events and special offers as well as the occasional promotional or product launch email. We will also send you a text message notification of our branch breakfast mornings. **Please tick the boxes below if you DO NOT wish to receive these messages.**

**DO NOT SEND ME EMAILS**

**DO NOT SEND ME TEXT MESSAGES**

### 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:

.....

PRINT NAME:

.....

POSITION IN COMPANY:

.....

DATE:

.....

SIGNATURE:

.....

PRINT NAME:

.....

POSITION IN COMPANY:

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DATE:

.....

SIGNATURE:

.....

PRINT NAME:

.....

POSITION IN COMPANY:

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DATE:

.....

SIGNATURE:

.....

PRINT NAME:

.....

POSITION IN COMPANY:

.....

DATE:

.....

A COPY OF OUR FULL TRADING TERMS & CONDITIONS ARE AVAILABLE ON REQUEST

### TO BE FILLED IN BY SUSSEX PLUMBING SUPPLIES

ACCOUNT NUMBER

BRANCH REFERENCE

CUSTOMER CLASSIFICATION (please circle)

1. Plumbing & Heating    2. Builder    3. Other

CUSTOMER TERMS

NOTES

LOW / HIGH RISK