



CREDIT ACCOUNT APPLICATION FORM

Ideally we would like 6 months of trading with us before you apply. Our terms are 30 days.

CUSTOMER DETAILS

Full trading name _____

Full name of owners or directors (if a company)

Name	Address including Post code	Home Owner
		Y/N
		Y/N
		Y/N
		Y/N

Company registration number (if applicable) _____

Trading Address _____

Post code _____

Phone number _____

Registered Address _____

(if a company) _____

Post code _____

Have you or your business ever had CCJs or been involved in insolvency action (Bankruptcy / IVA / Liquidation / Administration / CVA) - YES / NO

Email address _____

Email address for invoices and statements _____

You will receive invoices/statements/payment reminders via email. Prefer by post? Yes / No

Contact name for account payments/queries _____

Credit Limit Required _____

BANK DETAILS

Bank _____ Account Name _____
Sort Code _____ Account Number _____

TRADE REFERENCES

Please give name, address & Email address of two suppliers with whom you have a credit account. Please note if no Email Address is provided we cannot proceed with your credit application. N.B. Travis Perkins & Jewsons do not give credit references.

Company name	Contact Name	Address
Email		
Company name	Contact Name	Address
Email		

DATA PROTECTION

We will make a search with a Credit Reference Agency, which will keep a record of that search and will share with other businesses. In some instances we may also make a search on the personal credit file of principal directors. Should it become necessary to review an account, then again a credit reference may be sought and a record kept. We will monitor and record information relating to your trade performance and such records will be made available to Credit Reference Agencies who could or will share that information with other businesses when assessing applications for credit and fraud prevention.

PERSONAL CREDIT GUARANTEE

In consideration of your agreement to supply goods on credit to the Business applying for credit, _____(insert name) / _____(insert name) / _____(insert name) / _____(insert name). Unconditionally, jointly and severally, personally guarantee payment of all monies owing by the Company to Fence Stores Limited. This includes any costs of enforcing the Guarantee.

I /We acknowledge and agree that: (a) the initial credit limit (and any subsequent increased credit limit) may be increased from time to time; and (b) if the credit limit is increased at any time. It will be covered by this personal guarantee. Notice of the increase to the Company is deemed to be notice to me/us and if the Company uses the increased limit, then this is deemed consent by me/us to increase the credit limit.

Guarantor (1)

Signature

Full Name _____

Address

Date _____

Guarantor (2)

Guarantor (3)

Signature

Full Name _____

Address

Date _____

Guarantor (4)

SIGNATURE

Please read the attached terms and conditions and complete all sections of the application form before signing.

I /We make this application to open a credit account with Fence Stores Limited. I /We understand that the credit terms are that payment is due promptly at the end of the month following that date of invoice and that if granted credit, I /we agree to pay in accordance with these terms. I /We acknowledge and accept the Fence Stores limited Sales Terms and conditions.

SIGNED _____

Date _____

NAME (Print) _____

Position _____

SIGNED _____

Date _____

NAME (Print) _____

Position _____

SIGNED _____

Date _____

NAME (Print) _____

Position _____

SIGNED _____

Date _____

NAME (Print) _____

Position _____

Please provide photographic identification with this form (the application will not be processed until ID received). If applicable, a list of names of staff that can use the account.

RETURN COMPLETED FORMS TO:

EMAIL - ACCOUNTS@FENCINGCENTRE.CO.UK

POST - FENCE STORES LIMITED
CHAPEL LANE
PARLEY
CHRISTCHURCH
DORSET
BH23 6BG