Credit Account Application Form

dpsupplies

St. Andrews House, Westfield Terrace, Gateshead, Tyne & Wear. NE8 4LD Tel: (0191) 478 5068

Fax: (0191) 478 5068

| IF YOU ARE A LIMITED COMPANY | | | | |
|------------------------------|--|--|--|--|
| Registered No | | | | |
| Registered Office | | | | |
| | | | | |
| | | | | |
| | | | | |

| COMPANY NAME | IF YOU ARE A PARTNERSHIP OR SOLE TRADER | | | | |
|---|---|----------|--------|--|--|
| Name | GIVE FULL NAMES AND ADDRESSES OF ALL | | | | |
| Address | PROPRIETORS OF THE BUSINESS | | | | |
| | 1. Name | | | | |
| | Address | | | | |
| | | | | | |
| Postcode | | | | | |
| Tel No | 2. Name | | | | |
| | Address | | | | |
| Contact Name | | | | | |
| We send all invoices and credits via email. Please | | | | | |
| provide a valid email address that would receive | 3. Name | | | | |
| such mail: | Address | | | | |
| | | | | | |
| TRADE REFERENCE (i) | | | | | |
| Name | 4. Name | | | | |
| Address | Address | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Postcode | BANKER'S NAME | | | | |
| Tel No | Address | | | | |
| | | | | | |
| TRADE REFERENCE (ii) | | | | | |
| Name | | | | | |
| Address | Tel No | | | | |
| | Sort Code | | A/C No | | |
| | Credit Limit R | equired: | £ | | |
| | | | • | | |
| Postcode | | | | | |
| Tel No | SIGNED | | | | |
| | | | | | |
| I/We hereby apply for a Credit Account and confirm that:- | | | | | |
| | NAME (CAPS) | | | | |
| 1. All particulars herein are correct to the best of my/our knowledge, info and belief. | | | | | |
| 2. I/We have read and understood the Conditions Of Sale, found | | | | | |
| on the D.P. Supplies Web Site or by specific request, and agree | POSITION | | | | |
| that all dealings with ourselves and D.P. Supplies shall be regulated thereby. | | | | | |
| I/We have noted in particular that payment terms are 30 days nett from | | | | | |
| date of invoice and that title in any goods does not pass until all monies | DATE | | | | |
| due on the account have been paid. | | | | | |