Application to Open a Credit Account Holme Dodsworth Metals Ltd

CONTACT INFORMATION		
Person responsible for pay	ment of account	
Name:		
Tel No:	Fax No:	
E-Mail:		

COMPANY INFORMATION			
Company Name:			
Address:		Tel No:	
		Fax No:	
		E-Mail:	
Post Code			
Date company established	:		
Company Registration Number:			
Registered Address if different to above:			
Annual Turnover:			
Company VAT Number:			
Company EORI Number:			
Trading Type	Sole Proprietorshi	p	
	Partnership		
	Ltd Company		
	Other		

BANK DETAILS		
Name:		
Address:		
Sort Code:	Account Number:	
Time with bank:		

CREDIT		
Request Credit Limt		
£		
Expected Spend		
£		

LEGAL	
Is your c	ompany subject to any litigation ?
YES	If yes, please explain below.
NO	
Type of I	Litigation :

BUSINESS/TRADE REFERENCES
Please give two current trade referees
1. Company Name:
Address:
Post Code:
Tel No:
Fax:
E-Mail:
Contact Name:
2. Company Name:
Address:
Post Code:
Tel No:
Fax:
E-Mail:
Contact Name:
AGREEMENT
1. All invoices are to be paid within 30 days after the end of the month of the
invoice date.
Claim arising from invoices must be made within seven working days
Orders are placed subject to our terms and condtions which are enclosed
and also available on our website www.holmedodsworth.com
RETENTION OF TITLE
All goods remain the property of Holme Dodsworth Metals Ltd
until payment is received in full
I declare the above information is true, correct and complete and that I am
authorised to open a credit account by my company.
I agree to a full credit investigation via the trade and bank references supplied
as well as the use of any credit reports as supporting evidence.
I have read and agree to the terms and condtions attached with this application
Applicant -Duly Authorised Signatory

Signed:

Date:

Name:

Position

INTERNAL ACCOUNTS USE ONLY Director/Authori	ised Signatory sign off
Details Checked and Correct Y/N	
Amendment to Payment Terms : Y/N	
Terms:	
Added to SAGE and ERP Y/N	
Signed:	Date:
Name:	Position