



CREDIT ACCOUNT APPLICATION

APPLICANT

Person Applying:	Position:
Company Name:	
Telephone No.:	
Fax No.:	VAT Registration No.:
Address:	
Post Code:	

NATURE OF BUSINESS:

BUSINESS STATUS:	Sole Trader	Partnership	Plc
Limited Company:	Co Reg:	Date formed:	
If sole trader or partnership, Please provide full names And date of birth of all Partners. <i>This is required under the Data Protection Act 1998 (Effective October 2001)</i>	Mr/Mrs/Miss/Ms:	Surname:	Forename:
Contacts:	Mr/Mrs/Miss/Ms:	Surname:	Forename:
Accounts payable			
Person/s authorised To use account			
Invoicing Details (if different from above)	Do you issue order numbers? If yes are they in a standard format? If so, please supply an example?		Yes No

BANK DETAILS

Bank Name:	
Address:	
Post Code:	
Sort Code:	Account No:
Name of Account:	

TRADE REFERENCES (2 current trading references)	
Company:	Contact:
Address:	
Post Code:	
Telephone:	Fax:

Company:	Contact:
Address:	
Post Code:	
Telephone:	Fax:

Estimated amount of credit required £	per month.
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I/We understand and give consent to Potteries Building Supplies Limited in conducting a credit search, using a Credit Reference Agency.

I/We understand and give consent to details of the performance of any credit facility granted being submitted to credit reference agencies and shared with other companies who may be considering offering credit facilities.

I/We understand that any application with more than one party to the agreement will result in a financial connection between those individuals being established at the Credit Reference Agency.

I/We understand payment terms are nett cash to be received 30 days from end of month of invoice unless otherwise agreed in writing.

I/We accept that credit facilities may be withdrawn at any time without notice should the account remain unpaid beyond the due date or if the amount of credit taken exceeds the agreed credit amount.

We confirm that the above information is correct and that we have read and agree to be bound by the terms and conditions.

SIGNATURE OF APPLICANT: _____ **Date:** _____

Please Print Name: _____

NOTE: The signed original must be forwarded by post to the following address.
Please attach a copy of your company letterhead for Company Registration Number purposes.

**POTTERIES BUILDING SUPPLIES LTD.
TURNER CRESCENT, LOOMER ROAD TRADING ESTATE
CHESTERTON, NEWCASTLE-UNDER-LYME, STAFFORDSHIRE, ST5 7JZ
Tel. 01782 562222 Fax: 01782 564446**

FOR OFFICE USE ONLY			
PBS Administrator:	Credit Required:		
	DATE	ACCOUNT NO	CREDIT LIMIT
APPLICATION FOR ACCOUNT			
CREDIT INSURANCE LIMIT			
INTERNAL CREDIT LIMIT			
ACCOUNT APPROVAL SENT TO CUSTOMER			