

APPLICATION FOR CREDIT ACCOUNT



Company Name				Owners Name / s			
Company Type:		Limited		PLC		Sole Trader	
Nature of Business:							
Company Number (Including Country)				For Account Manager Use:			
				Area:		Initials	
VAT Number				For Office Use:			
				Account Number			
				Date Agreed			
				Credit Limit: £			
Autorised Representative				Sale / Supply Agreement no.			
Address for Correspondence / invoices:				Delivery Name & Address: (if same write same)			
County				County			
Post Code				Post Code			
Tel No:				Tel No:			
		Mobile:				Mobile:	
Fax No:				Fax No:			
Registered Office: (if same write same)				Sole Trader / Principal Partners Information (only use if Sole Trader)			
County				County			
Post Code				Post Code			
Tel No:				Tel No:			
Fax No:				Fax No:			
Main Contact name:				Email address:			
Finance Contact name:				Email address:			
Principal Bankers:							
Address							
Sort Code:							
Account No:							
Credit Limit Required:							
Payment Terms: (Please note that our standard trading terms are 30 days)							
Trade Reference One - Name & Address				Trade Reference Two - Name & Address			
County				County			
Post Code				Post Code			
Tel No:				Tel No:			
Fax No:				Fax No:			
<p>1. G. I. Hadfield & Son Ltd agrees to supply goods to You in reliance of the information given by You in this application form and Your signature below is Your acknowledgement that the information provided is accurate.</p> <p>2. Any goods supplied to You are supplied in accordance with the standard terms and conditions of G. I. Hadfield & Son Limited as varied from time to time (the "Terms") a copy of which has been provided to You. By signing below You confirm that You have read and understood the Terms and agree to be bound by the Terms in all dealings with G I Hadfield & Son Limited.</p> <p>3. You confirm that the Authorised Representatives listed in section 1 are authorised to place orders with G.I. Hadfield & Son Limited on Your behalf.</p> <p>4. G I Hadfield & Son Limited may make searches about You (and/or where applicable, Your Principal Partners) with credit reference agencies to verify Your identity and credit record. You (and/or Your Principal Partners) hereby consent to such searches being made and any information being obtained from these searches being used by G I Hadfield & Son Limited and any of its associated or affiliated companies.</p>							
Signed				Sales Manager Authorisation:			
				Name:			
Date				Date:			
Full Name of Signatory and Position:							