



SUMMERS P.V.C.

HEAD OFFICE: UNIT F . ST. BARNABAS CLOSE . ORCHARD BUSINESS CENTRE
20/20 INDUSTRIAL ESTATE . MAIDSTONE . KENT . ME16 0JZ

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E-mail: sales@summerspvc.co.uk <http://www.summerspvc.co.uk>

CREDIT ACCOUNT APPLICATION FORM

Trading Name _____

Please indicate Type of Company

- Sole Trader
- Partnership
- Limited Company
- Other (Please specify)

N.B. Local Authorities
Please contact Finance Director

Please indicate Nature of Business

- Window Company
- Specialist Installer
- Roofing Contractor
- Building Contractor
- Builders Merchant
- New Build Developer
- Other (please specify)

Please complete relevant section – (Sole Trader, Partnership or Limited Co.)

SECTION 1

SOLE TRADER

Name:	
Home Address:	
Postcode:	
Home Tel No:	Home Fax No:
E-mail:	

If you trade from an address other than your home, please complete the details below

Business Trading Address:	
Postcode:	
Tel No:	Fax No:
E-mail:	

Now go to section 4

SECTION 2

PARTNERSHIPS

Please complete section 1, giving details of the signatory in section 6.

Please detail below the same information relating to the other partners.

Partner No. 2

Name:	
Address:	
	Postcode:
Tel No:	Fax No:
E-mail:	

Partner No. 3

Name:	
Address:	
	Postcode:
Tel No:	Fax No:
E-mail:	

Now go to section 4

SECTION 3

LIMITED COMPANIES

Registered Name:	
Registered Office:	
	Postcode:
Tel No:	Fax No:
E-mail:	

Trading Name:	
Trading Address:	
	Postcode:
Tel No:	Fax No:
E-mail:	

Parent Company:	
Parent Co. Address:	
	Postcode:
Tel No:	Fax No:
E-mail:	

Date of Registration:	Company Registration Number:
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If less than 5 years, please supply Trade and Bank References

1.

Name of Director:	
Address:	
	Post Code:

2.

Name of Director:	
Address:	
	Post Code:

3.

Name of Director:	
Address:	
	Post Code:

4.

Name of Director:	
Address:	
	Post Code:

5.

Name of Director:	
Address:	
	Post Code:

6.

Name of Director:	
Address:	
	Post Code:

Now go to section 5

SECTION 4

TRADE REFERENCE

(SOLE TRADES & PARTNERSHIPS ONLY)

Please list details of two trade references. The following suppliers do not give references, please do not use them. **TRAVIS PERKINS / JEWSONS / BUILDER CENTRE**

Please do not use companies that are associated in any way other than by trade in the normal course of business with the applicant.

1.

Name:	
Address:	
	Post Code:
Tel:	Fax:

2.

Name:	
Address:	
	Post Code:
Tel:	Fax:

SECTION 5

ALL APPLICANTS

Sales Contact Details

Name:	E-mail:
Tel No:	Fax No:

Account Contact Details

Name:	E-mail:
Tel No:	Fax No:

Monthly Credit Required £ _____

Total Credit Required £ _____

SECTION 6

ALL APPLICANTS

Please complete and return the attached bank authorisation form. Please note that faxed or photocopies are not acceptable.

Please complete the section below.

I confirm that the companies used as trade references are not associated in any way other than by trade in the normal course of business with the applicant, and that there are no directors in common to both.

I confirm that _____ is responsible for payments of all monies.

I confirm that I am authorised to apply for credit on behalf of _____ .

I agree to abide by the company's 'Conditions of Sales' which are attached and understand the conditions of sale take precedent at all times.

Signed _____ Position _____

Name _____ Date _____

PLEASE FORWARD THE ORIGINAL OF THIS FORM WITH THE ORIGINAL BANK AUTHORISATION AND AN ORIGINAL COMPANY LETTERHEAD OR COMPLIMENT SLIP TO OUR HEAD OFFICE AT: -

FINANCE DIRECTOR
SUMMERS PVC LTD
UNIT F, ST BARNABAS CLOSE
ORCHARD BUSINESS CENTRE
20/20 INDUSTRIAL ESTATE
MAIDSTONE
KENT
ME16 0JZ