



CREDIT ACCOUNT APPLICATION FORM

COMPANY INFORMATION			
Company/Trading Name:			
Limited Company Name:			
Registered Trading Address:		Length of Time at this address:	Yrs Mths
Office/Branch Address:		Trading Start Date:	
Type of Business:		Type of Company:	<input type="checkbox"/> LIMITED COMPANY <input type="checkbox"/> PLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> SOLE TRADER
Email Address:			
Telephone No:			

LIMITED COMPANIES / LLP'S (if applicable)		
Registration Number:		
Parent Company:		Date of Incorporation:

SOLE TRADERS/PARTNER'S/DIRECTOR'S DETAILS (if applicable)			
(Applicant 1)			
Full Name:			
Residential Address:			
Landline No:		Mobile No:	
(Applicant 2)			
Full Name:			
Residential Address:			

Landline No:		Mobile No:	
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FINANCE /CONTACT DETAILS			
As part of our Environmental Policy and commitment to reduce paper, we will send all invoices and statements via email, if you require paper copies, please advise, by ticking this box.: <input type="checkbox"/> Post			
Invoice & Statement Email:			
Purchase Ledger Contact:			
PL Email Address:			
Telephone No:		Ext No / DD:	

CREDIT & ACCOUNT DETAILS			
Do you require company purchase order numbers to be used on all orders?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Limit Required? (per month)	£	Authorisation Methods Accepted	<input type="checkbox"/> VERBAL INSTRUCTION <input type="checkbox"/> PURCHASE ORDER <input type="checkbox"/> EMAIL INSTRUCTION
Payment Terms (*Subject to our agreement)	From date of invoice: <input type="checkbox"/> STANDARD 30 DAYS <input type="checkbox"/> PRO-FORMA	Staff Authorised to instruct	<input type="checkbox"/> DIRECTORS/OWNERS <input type="checkbox"/> FINANCE DEPT <input type="checkbox"/> SITE / MANAGER <input type="checkbox"/> ALL STAFF <input type="checkbox"/> PURCHASING DEPT

CUSTOMER AGREEMENT & DECLARATION
<p>We confirm that the information provided is correct and undertake to notify LBK Supplies Ltd, in writing of any subsequent amendements thereto.</p> <p>We request that a credit account be opened by LBK Supplies Ltd and agree to abide by their standard Terms & Conditions.</p> <p>We also understand that all products provided remains the property of LBK Supplies Ltd until payment has been received in full. All manufacture warranties may be forfeited where the account is overdue or on-stop due to non-payment.</p> <p>By submitting this application, you authorise LBK Supplies Ltd to carry out credit reference searches, trace of which will be left on the relevant credit record.</p> <p>All invoices are to be paid as per our agreed payment terms, 30 days from date of invoice as standard, unless you have a written confirmation from LBK Supplies Ltd of any mutually agreed payment terms. (Subject to credit check)</p> <p>Any invoice discrepancies or issues must be raised within 7 days of delivery so LBK Supplies Ltd can investigate or rectify.</p>

AUTHORISED COMPANY SIGNATORY			
Signature:		Position:	
Print Name:		Date:	

Please return your completed form to accounts@lbksupplies.co.uk