



This form should be completed in block capitals using a ball point pen
Please enclose a sample of your Company letterhead

CREDIT APPLICATION FORM

APPLICATION FOR A CREDIT FACILITY

Items in this box are for office use only

Date Received _____

<input type="checkbox"/>	New Account	<input type="checkbox"/>	Change of Address	<input type="checkbox"/>	Change of Title
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TO BE COMPLETED BY CUSTOMER

Full Legal Title and Trading Name:

<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	LLP	<input type="checkbox"/>	Limited Company	<input type="checkbox"/>	PLC	(please tick where appropriate)
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Co Reg No.

VAT No.

STATEMENT ADDRESS:

Name:

Street:

Town:

Country:

Post Code:

Phone Number:

E-Mail address

Fax No

DELIVERY ADDRESS: (if same as statement address, please state)

Name:

Street:

Town:

Country:

Post Code:

Phone Number:

DETAILS OF BUSINESS:

Nature of Business:

Date Established:

Number of Employees:

Details of any other Companies/Business managed by the Principals of this application current or past:

METHOD OF PAYMENT:

<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>	BACS	<input type="checkbox"/>	Other
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If other, please specify:

Flair Plastic Products Ltd, Unit 36 Minworth Industrial Estate, Forge Lane, Minworth B76 1AH

Tel: 0121 624 5001 sales@flairplasticproducts.co.uk

www.Flairwindows.com Company Registered in England & Wales No. 03653585

I/WE REQUEST YOU TO OPEN A CREDIT ACCOUNT IN THE NAME OF:

With a Proposed Credit Limit of: _____ per month

Agreed Credit Period: _____ days

TRADE REFERENCES:

I/We authorise you to take up references at any time from the under mentioned bank and trade sources.
NB: (We will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.)

1.	Name:		
	Full Address:		
	Contact Name:		Telephone:
2.	Name:		
	Full Address:		
	Contact Name:		Telephone:
3.	Name:		
	Full Address:		
	Contact Name:		Telephone:

BANK DETAILS:

Name:		
Address:		
Sort Code:		Account Number:

CONTACT FOR PAYMENT:

Name:		
Position:		
Tel No:		Fax No:
Email Address:		

DETAILS OF OWNER/PARTNERS/DIRECTORS:

I/We have read, understood and retained a copy of your Terms and Conditions of Sale and agree to trade in accordance with these for any goods supplied.

I/We accept that title to all goods supplied to us will remain vested in Flair Plastic Products Limited until all amounts outstanding from us on any account have been paid in full to Flair Plastic Products Limited.

I/We also agree to comply with your settlement terms (specified within your conditions of sale).

I/We understand that Flair Plastic Products Limited have the statutory right to charge interest under the Late Payment of Commercial Debts (Interest) Act 1998 as amended by The Late Payment of Commercial Debts Regulations 2002, if settlement terms have not been adhered to.

1.	Name:	
	Home Address:	
2.	Name:	
	Home Address:	
3.	Name:	
	Home Address:	

N.B. IF THE CUSTOMER IS A LIMITED LIABILITY COMPANY, THE CONTINUING GUARANTEE BELOW MUST BE SIGNED BY A DIRECTOR OF THE COMPANY.

To: Flair Plastic Products Limited

In consideration to you agreeing to grant credit facilities to the Company, I hereby unconditionally guarantee the due and punctual performance and observance by the Company of its obligations herein under your Terms & Conditions of Sale and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company.

Name:.....

Position:.....

Signature:.....

Date: