

Customer Application Form

Please answer all questions fully or your application may have to be returned

Section 1

1.1 Applicant's name: _____

1.2 Full delivery address: _____

Postcode: _____

1.3 E-Mail: _____

1.4 Telephone number: _____

1.5 Fax number: _____

1.6 VAT number: _____

Section 2 Business format - tick box

Limited Company (LTD)	<input type="checkbox"/>	<i>Please go to Section 3</i>
Public Limited Company (PLC)	<input type="checkbox"/>	<i>Please go to Section 3</i>
Limited Liability Partnership (LLP)	<input type="checkbox"/>	<i>Please go to Section 3</i>
Sole Trader	<input type="checkbox"/>	<i>Please go to Section 4</i>
Partnership	<input type="checkbox"/>	<i>Please go to Section 5</i>
Other	<input type="checkbox"/>	<i>Please go to Section 6</i>

Section 3 LTD/PLC /LLP Data

3.1 Registered Office address _____

3.2 Company registered no. _____

3.3 Country of registration _____

3.5 Trading address _____
(if different to 3.1)

3.6 Telephone number _____

Section 4

4.1 Name of Sole Trader _____

4.2 Home address _____

4.3 Previous address _____
(if less than 3 years) _____

4.4 Home owner? Yes No

Section 5 Partnership Data

5.1 Names of **all** Partners _____

5.2 Home addresses of **all** Partners (please use a separate sheet if necessary) _____

5.3 If home addresses less than 3 years at 5.2 above for any Partner, please give previous addresses _____

Section 6 Other Business Formats

6.1 Please state exactly format of business/organisation (e.g. Friendly Society, registered/ unregistered club, company limited by guarantee etc.). If requested under provisions of Companies Act please also completion Section 3. _____

6.2 Give details of any organisations to which affiliated or connected _____

6.3 Please give names of at least two senior personnel, i.e. Secretary/Chairman _____

Section 7 To be answered by all applicants

- 7.1 Period trading at address at 1.1 above _____
- 7.2 If less than 3 years, previous address(es) _____

- 7.3 Have you traded with us before? Yes No
- If yes, give details:*
- A/c Number _____
- Last trading _____
- 7.4 Is the property at 1 above Freehold Leasehold

Section 8 Deliveries

- 8.1 Preferred delivery timing am pm
- 8.2 Preferred telesales call am pm
- 8.3 Named contact for orders _____
- 8.4 Telephone number _____
- 8.5 Fax number _____
- 8.6 Email address _____

Section 9 Bank Details

- 9.1 Bank Name _____
- 9.2 Branch Address _____

- 9.3 Branch Sort Code _____
- 9.4 Account Name _____
- 9.5 Account Number _____
-

Section 10 Credit Limit etc.

- 10.1 Credit limit requested? _____
 - 10.2 Credit period requested? _____
 - 10.3 Direct Debit arrangement required? _____
 - 10.4 Address for invoices/ statements
(if different from delivery address) _____
 - 10.5 Name of accounts contact _____
 - 10.6 Telephone number _____
 - 10.7 Fax number _____
 - 10.8 Email address _____
-

Section 11 Trade referees (2 required)

- 11.1 Name _____
- Address _____
- Telephone number _____
- Account number _____
- 11.2 Name _____
- Address _____
- Telephone number _____
- Account number _____

Customer Undertaking and Declaration

I/We have read your Terms and Conditions of Sale and confirm that such Terms and Conditions will apply to all my/our transactions with the Company. I also confirm that I have fully and truthfully completed all sections above.

Signed _____ Date _____
For and on behalf of Applicant Name _____
 Position _____

Please return to:
Allison Chatto
Partner – Head of Debt Recovery
Simpson Millar LLP
Fax: 0191 261 5837
Email: allison@aplawassociates.com

For Office Use only

Bank reference check	Signed		Date
Credit ref.check	Signed		Date
Trade reference check	Signed		Date
Cheque limit	£	Authorised	Date
Credit limit	£	Authorised	Date

Approved by:		Date	
Confirmed to customer		Date	
Account number allocated		Sort key/code	
Salesperson		Rep. Number	
Area Code		Payment Code	
Credit Code		Terms Code	