

# VWJ EARTHMOVING LTD.

T O P S O I L • A G G R E G A T E S • T I P P E R & G R A B H I R E

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## CREDIT APPLICATION FORM - (2 PAGES)

BUSINESS TRADING NAME : \_\_\_\_\_

BUSINESS / TRADING ADDRESS : \_\_\_\_\_

POSTCODE : \_\_\_\_\_

MAIN TELEPHONE NO. : \_\_\_\_\_ FAX NO. : \_\_\_\_\_

ACCOUNTS TEL. NO. : \_\_\_\_\_ MOBILE TEL. NO. : \_\_\_\_\_

COMPANY EMAIL ADDRESS : \_\_\_\_\_

DO YOU WANT INVOICES EMAILING : YES / NO

EMAIL ADDRESS : \_\_\_\_\_

DO YOU WANT STATEMENTS EACH MONTH : YES / NO

DO YOU WANT THEM EMAILING : YES / NO

EMAIL ADDRESS : \_\_\_\_\_

TYPE OF BUSINESS (DELETE AS APPROPRIATE):

- PUBLIC LIMITED COMPANY / PRIVATE LIMITED COMPANY / SOLE TRADER / PARTNERSHIP

ARE ANY OF THE DIRECTORS, OWNERS OR PARTNERS IN THIS BUSINESS UN-DISCHARGED BANKRUPTS ? YES / NO

### LIMITED COMPANIES ONLY

CO. REG. NO. : \_\_\_\_\_ DATE OF FORMATION : \_\_\_\_\_

PARENT COMPANY (IF APPLICABLE) : \_\_\_\_\_

HOMES ADDRESS(ES) OF DIRECTORS :

FULL NAME : \_\_\_\_\_ HOME ADDRESS : \_\_\_\_\_

FULL NAME : \_\_\_\_\_ HOME ADDRESS : \_\_\_\_\_

FULL NAME : \_\_\_\_\_ HOME ADDRESS : \_\_\_\_\_

### SOLE TRADERS / PARTNERSHIPS ONLY

HOMES ADDRESS(ES) OF PROPRIETOR / ALL PARTNERS :

FULL NAME : \_\_\_\_\_ HOME ADDRESS : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

FULL NAME : \_\_\_\_\_ HOME ADDRESS : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

FULL NAME : \_\_\_\_\_ HOME ADDRESS : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_

**NAMES OF PEOPLE AUTHORISED TO PLACE ORDERS**

<u>FULL NAME</u>	<u>POSITION</u>	
_____	_____	VERBAL ORDER / WRITTEN ORDER/ O/N REQ'D
_____	_____	VERBAL ORDER / WRITTEN ORDER/ O/N REQ'D
_____	_____	VERBAL ORDER / WRITTEN ORDER/ O/N REQ'D

**NAMES OF PEOPLE AUTHORISED TO MAKE PAYMENT**

<u>FULL NAME</u>	<u>POSITION</u>	<u>DIRECT TELEPHONE NO.</u>
_____	_____	_____

ACCOUNTS EMAIL ADDRESS : \_\_\_\_\_

**BANKERS DETAILS :**

SORT CODE : \_\_\_\_\_ ACCOUNT NO. : \_\_\_\_\_

**TRADE REFERENCES**

COMPANY NAME : \_\_\_\_\_ ADDRESS : \_\_\_\_\_

TELEPHONE NO. : \_\_\_\_\_ CURRENT CREDIT LIMIT : £ \_\_\_\_\_

COMPANY NAME : \_\_\_\_\_ ADDRESS : \_\_\_\_\_

TELEPHONE NO. : \_\_\_\_\_ CURRENT CREDIT LIMIT : £ \_\_\_\_\_

In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing & for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid strictly 30 days from date of delivery / removal and I personally guarantee, jointly & severally, to indemnify you for any amount outstanding from time to time on the said account, in the event of non-payment by the company, in whose name such credit is hereby sought. I also agree, personally and on behalf of the company, to pay interest at the rate of 15% per annum on any amounts outstanding for more than 30 days.

**MUST BE SIGNED BY A DIRECTOR, PARTNER OR PROPRIETOR OF THE BUSINESS**

SIGNED : \_\_\_\_\_ PRINT NAME : \_\_\_\_\_

POSITION : \_\_\_\_\_ DATE : \_\_\_\_\_