



ACCOUNT APPLICATION FORM

Please ensure that a copy of your official letterhead is enclosed when submitting this application.

YOUR BUSINESS DETAILS:									
Business Name:					Trading Name (if different)				
Address:							Postcode:		
Previous Address: (if less than 2 years at present address)							Postcode:		
Date of Birth (if Sole Trader)					Phone:				
Mobile:			Website:			Email:			
Trading Style: (please tick)									
☐ Sole Trader ☐ Partnership ☐ Ltd Company ☐ LLP ☐ Other									
D-U-N-S No:					Company Registration No:				
Primary Contact Name:					VAT No:				
Number of Employees:									
☐ 0-5 ☐ 6-10 ☐ 11-19 ☐ 20-49 ☐ 50-99 ☐ 100-199 ☐ 200+									

Have any of the principals (directors / partners / trustees or proprietor) been involved in a Liquidation / Bankruptcy / IVA / CVA / Receivership or had any CCJ's registered against them?									
☐ Yes ☐ No									
When was the business established?									
Year _____ Month _____									

REGISTERED OFFICE DETAILS: (if different to trading address)	
Address:	Postcode:

NAME AND ADDRESS OF DIRECTORS / PARTNERS / TRUSTEES:		
Full Name:	Full Name:	Full Name:
Date of Birth:	Date of Birth:	Date of Birth:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Telephone:	Telephone:	Telephone:

We will make a search with a Credit Reference Agency, which will keep a record of that search and will share that information with other businesses. In instances we may also make a search on the personal credit file of principal directors. Should it become necessary to review an account, a credit reference may be sought and a record kept. We will monitor and record information relating to your trade performance and such records will be available to Credit Reference Agencies who may share this with other businesses when assessing applications for credit and fraud prevention.

Do you require a strict purchase order system requiring an official written or verbal order? (tick 1 answer below)
☐ Yes-written order ☐ Yes-verbal order ☐ No
Do you require a password that must be quoted before every transaction?
☐ Yes, password is: _____ ☐ No

INVOICING: (Main contact for invoice enquiries)		
Name:	Telephone No:	E-Mail:

BANK DETAILS:	
Bank Name:	
Address:	Postcode:
Bank Account No:	Sort Code:

IMPORTANT: All purchases are subject to our standard terms and conditions. A copy can be obtained on our website at www.pennineflooring.com or by contacting Pennine Flooring Supplies Ltd. We will update these from time to time and so you should always check on our website or in depot to make sure you have the latest version. I confirm that by signing this form I agree to be bound by Pennine Flooring Supplies Ltd terms and conditions and that each purchase of goods will be subject to Pennine Flooring Supplies Ltd standard terms and conditions in force at the time of purchase. Guarantee Agreement By signing below, each signatory, as authorised representative(s) of the applicant customer, hereby applies for a Trade Credit Account and agrees to pay the account by the 20th of each month following the month date of invoice in accordance with Pennine Flooring Supplies Ltd conditions of sale. Each signatory further agrees that those conditions of sale (as modified, amended or updated by Pennine Flooring Supplies Ltd from time to time) shall apply to all sales of Pennine Flooring Supplies Ltd goods or services. Each signatory to the agreement agrees, jointly and severally to personally guarantee the performance of the contract by the organisation on whose behalf the signature is given, including any financial obligations arising from any changes in the credit limit of the credit account made by Pennine Flooring Supplies Ltd from time to time. Each signatory has been provided the opportunity to seek independent legal advice of a solicitor prior to signing this form. In the event of failure or default, or non-compliance with the terms and conditions of the contract, Pennine Flooring Supplies Ltd has the right to proceed against the signatory personally.

CREDIT: (NB: This estimate should be based on two month's trading and will be used for guidance purposes only.)

CREDIT LIMIT REQUIRED:

£

Should be signed by a director(s), partner(s), company secretary or proprietor of the business

Name:

Name:

Signature:

Signature:

Position:

Position:

Date:

Date:

DATE PROTECTION:

Respecting Your Privacy

The above information will only be used for accounting purposes and will be stored in secure locations, including information stored electronically.

We would like to email your purchase invoices to you.

Plus we would like to email you offers and updates about our products and services that may be of interest to you. We will never share your information with anybody else and you can withdraw your permission to receive our emails at any time by using the unsubscribe link found at the bottom of every email you receive from us.

Please tick below to give your consent to receiving invoices and/or marketing information.

☐ Email invoices ☐ Email marketing information ☐ Text Message ☐ Phone

Under the Data Protection Act you have the right to apply for a copy of the information we hold on you (for which we may charge a small fee) and to correct any inaccuracies. Due to training requirements, some telephone calls may be monitored.

Please return your completed application to Pennine Flooring Supplies Ltd

Unit 1, Junction 19 Business Park, Green Ln, Heywood OL10 1NB | Unit 6 Rectors Ln, La, Deeside CH5 2DH |
Kingmoor Park Central, Earls Way South, Carlisle CA6 4SE | sales@pennineflooring.com

Accounts use only.

Application received by:

Application processed by:

Date:

Date:

Account no:

Credit account authorised by:

Credit account limit:

Notes - Accounts use only.