

Credit Account Application Form

KDS Plumbing & Heating Supplies Ltd
 Unit 13 St Joseph's Business Park
 St Josephs Close
 Hove, East Sussex BN3 7HG
 Head Office Tel No: 01273 087480



www.kdssupplies.co.uk

Are you a limited company Y N Please tick

Trading Name Date

Address

Email

Telephone No

Mobile No

Type of Business:

Private Limited

Public Limited

Partnership Llp

Sole Trader

Name (Print) Surname (Print) Date of birth

Position in company How long established

Registered Office Address (Limited Company)

Registered No.

Home address & d.o.b. if different from above for other partners or directors

Name: Date of birth: Address:	Name: Date of birth: Address:	Number of employees: Total credit limit required £
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Please give details of 2 firms supplying goods on credit who may be contacted for references

1 Company name and address Telephone No.	2 Company name and address Telephone No.
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DECLARATION BY APPLICANT(S) SEEKING CREDIT

I/We hereby apply for a Trade Credit Account. I/We are duly authorized by the applicant business to enter into this agreement on its behalf. I/We agree that payment of the account will be made by the last working day of each month following month of invoice in accordance with the conditions of sale and being a Director/Partner or Proprietor of the applicant Company jointly and severally guarantee performance of all the Company's financial obligations to KDS Plumbing & Heating Supplies Ltd.

I/We understand that as part of your assessment of us for the granting of credit, you will send details of our application to the Credit Protection Association pie who will search databases to which it has access. It may also search a credit reference agency for information relating to us (and in the case of a non-limited business, also relating to proprietors). The credit reference agency will record the fact of that search in the name of Credit Protection Association plc.

PLEASE SIGN HERE {ALL DIRECTORS/PARTNERS OR PROPRIETORS}

I/We have read and understood the declaration above and authorize our bankers to provide and opinion as to our suitability for the requested account.

SIGNATURE:
 PRINT NAME:
 POSITION IN COMPANY:
 DATE:

SIGNATURE:
 PRINT NAME:
 POSITION IN COMPANY:
 DATE:

MARKETING OPT IN OR OUT

IN OUT

	YES	NO
SMS/TEXT	<input type="radio"/>	<input type="radio"/>
EMAIL	<input type="radio"/>	<input type="radio"/>
PHONE	<input type="radio"/>	<input type="radio"/>
POST	<input type="radio"/>	<input type="radio"/>

If you ever wish to change or unsubscribe from any of these services, please contact creditcontrol@kdssupplies.co.uk to advise

Notes

Customer Terms

Account Number

Low/High Risk

Branch Code

Customer Classification

TO BE FILLED IN BY KDS BRANCH