



Head Office: Unit 7, Abbey Cross, Mersey View, Flixton Road, Flixton, Manchester M41 6GX
Tel: 0161 748 4500 Fax: 01565 734 333

Credit Account Application

Company Details

Name / Full Trading Title:

Invoicing Address:

Postcode:

Telephone:

Email Address:

Mobile:

Fax:

Contact Name:

Type of Organisation: Limited Company Partnership Sole Trader

Company Registration Number

Nature of Business

Years Trading

Related / Associated Companies

Full name and home addresses of Directors, Proprietors, Partners (as applicable)

Name	.....	Name	.....
Address	.....	Address	.....

Postcode	.....	Postcode	.....

Bank Details

Bank Name

Branch Address

Account No

Sort Code

Trade References

Please provide 2 references. Preferably suppliers with who you have similar credit facilities.

Name	.....	Name	.....
Address	..... ..... .....	Address	...............
Postcode	.....	Postcode	.....
Contact	.....	Contact	.....
Telephone	.....	Telephone	.....

Contract Details

Type of Work

Start Date

Estimated Volume (metres)

Credit Facility Requested - £.....

Terms and Conditions of Credit Facilities

- Credit facilities are granted to customers at the sole discretion of Barrowmix Limited and may be subject to periodic review.
- Barrowmix Limited reserves the right to decline credit facilities or to withdraw a facility already granted and to amend terms and conditions at any time without notice.
- Payment is required on or before the last day of the month in which goods are supplied.
- If supplies are required in excess of the available credit facility, a payment on account may be required to ensure continuity of supply.
- Queries on invoices must be notified to the company within 14 days of the invoice date.
- Failure to comply with payment terms may result in the suspension of supplies, withdrawal of credit facilities and legal action to recover all amounts owed (including the cost of such actions).
- Accounts that remain inactive for 12 months may only be re-opened on re-application

Declaration

I have read and agree to comply with the above terms and conditions.
I am an authorised signatory of the organisation so applying

Signed Name

Position Date

*Important - please return this application with a copy of your company letterhead

For office use only

First Contact Date

Credit Limit References Checked 1 2 3

Authorised Customer Informed

Staff Ref