

Please complete both sides and return to Mod-Fix

Business type \_\_\_\_\_

Business Name \_\_\_\_\_

Tel. No. \_\_\_\_\_

Business Trading Address \_\_\_\_\_

Post Code

Contact name and job title \_\_\_\_\_

Purchase Ledger Tel. No. \_\_\_\_\_

Number of PAYE employees \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Fax. No. \_\_\_\_\_

Limited Companies Only

Company Registration Number \_\_\_\_\_

Founded Date \_\_\_\_\_

Sole Traders & Partnerships Only - Home Address(es) of proprietor and/or all partners

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Bank Reference

Bank Name & Address \_\_\_\_\_

Post Code

Account No. \_\_\_\_\_

Sort Code

Required maximum credit limit £ \_\_\_\_\_

Agreement

**By signing below you agree to the following terms:**

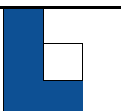
In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained 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 and fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms – 30 days end of month following delivery.

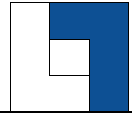
**Must be signed by a Director, Partner or Proprietor of the business**

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_





Have any of the Directors, Owners or Partners of this Business held any other credit accounts with this company?  Yes  No

If yes, please list other account names \_\_\_\_\_

\_\_\_\_\_

### Trade References

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Current Credit limit (£) \_\_\_\_\_ Tel. No. \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Current Credit limit (£) \_\_\_\_\_ Tel. No. \_\_\_\_\_

### Staff authorised to place orders

Name \_\_\_\_\_ Position \_\_\_\_\_

Verbal Order  Written Order  Order No. Required

Name \_\_\_\_\_ Position \_\_\_\_\_

Verbal Order  Written Order  Order No. Required

Name \_\_\_\_\_ Position \_\_\_\_\_

Verbal Order  Written Order  Order No. Required

### Staff authorised to make payments

Name \_\_\_\_\_ Position \_\_\_\_\_

Direct Phone No. \_\_\_\_\_ Direct Fax No. \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Direct Phone No. \_\_\_\_\_ Direct Fax No. \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Direct Phone No. \_\_\_\_\_ Direct Fax No. \_\_\_\_\_

