

APPLICATION FOR COMMERCIAL CREDIT FACILITIES



D3 Office Group Ltd.
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Please complete and return with copy letterhead to :

D3 Office Group Ltd
Stratsource House
Malmo Road
Sutton Fields Industrial Estate
Hull HU7 0YF

VAT No. GB 500 7682 67

Company Reg. No. 3597932

Full name of Applicant (and trading name if different)

Trading Address
 Postcode

Telephone Fax

Registered office if different from the above

Purchasing contact: Name
 Telephone Fax Email

Business type: Limited Company Sole Trader Partnership LLP

Year trading commenced If Limited company, Registration No.

If Partnership give **full names** (not initials) and home addresses of **ALL** partners (use a separate sheet if necessary)

1.

2.

REFERENCE

Name, address and contact details of two principal suppliers

Supplier 1.

Supplier 2.

Tel:Fax:

Tel:Fax:

Value of monthly purchases

Value of monthly purchases

YOUR BANK NAME

Sort Code						
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Account number										
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Anticipated annual purchases £

Accounts Payable contact: Name

Telephone Fax Email

DECLARATION BY APPLICANT SEEKING CREDIT FACILITIES

- *I have read, understand and accept your terms and conditions.*
- *I am duly authorised by the applicant business to enter into this agreement on its behalf. I agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon.*
- *I recognise that if payment of your invoices is not made by the due date for payment, it may result in the matter being referred to your solicitors for recovery of the invoice debt and you may invoke the Late Payment of Commercial Debt (Interest) Act 1998.*
- *I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/they may also make enquiries about the directors/partners as applicable.*

SIGNED PRINT NAME

POSITION DATE

FOR INTERNAL USE ONLY

CATALOGUES/MAILERS	DISCOUNT : Pink: Orange: Green:
SELECTION INDICATOR : (what they do)	CREDIT LIMITED
TELESALES DETAILS COMPLETED Y/N (for accounts use)	DATE OF SET UP : (for accounts use)
ACCOUNT NUMBER : (for accounts use)	APPROVED BY DIRECTOR (signature please)