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## David Cover & Son Limited

# Company Credit Account Application

### FOR LTD/PLC/LLP COMPANIES

PLEASE COMPLETE ALL SECTIONS TO AVOID ANY DELAY IN OUR DECISION

FULL COMPANY NAME: (Block Capitals Please)		.....	
TRADING NAME IF DIFFERENT:		.....	
TRADING ADDRESS:	.....	TELEPHONE NO:	.....
	.....	FAX NO:	.....
	.....	MOBILE NO:	.....
	.....	WEBSITE ADDRESS:	.....
	.....	E-MAIL ADDRESS:	.....

TYPE OF COMPANY:	PLC <input type="checkbox"/>	LIMITED <input type="checkbox"/>	LLP <input type="checkbox"/>
NATURE OF BUSINESS:	.....		
HOW LONG ESTABLISHED:	.....		
COMPANY REGISTRATION NUMBER:	.....	POSTCODE:	.....

#### NAME AND ADDRESS OF ALL PARTNERS / DIRECTORS:- (Please continue on a separate sheet if necessary)

Full Name:	D.O.B:
Address:	
.....	
.....	
Tel. No.	

Full Name:	D.O.B:
Address:	
.....	
.....	
Tel. No.	

HAVE ANY OF THE DIRECTORS EVER BEEN DIRECTORS OF A COMPANY THAT BECAME INSOLVENT OR ENTERED INTO A COMPANY VOLUNTARY ARRANGEMENT OR HAVE THEY BEEN PERSONALLY BANKRUPT OR ENTERED INTO AN I.V.A.? **YES / NO**. IF YES PLEASE GIVE DETAILS ON A SEPARATE SHEET.

BANK NAME & ADDRESS:	
.....	
.....	
.....	
SORT CODE:	ACCOUNT NUMBER:
.....	.....

<b>FOR COVERS USE ONLY</b>	
ORIGINATOR:	DATE GIVEN TO CUSTOMER:
MAIN SUPPLYING DEPOT:	DATE RECEIVED BY CREDIT CONTROL:
REP:	APPLICATION NO.
TRADE LETTER:	DATE ACC. OPENED/NOT OPENED:
CREDIT LIMIT £	DATE CUSTOMER INFORMED:

**BUSINESS REFERENCES:-**

<b>Business Reference:</b>	
Name: .....	
Address: .....	
.....	
.....	
Tel. No.	Fax. No.
A/C No.	
Current Value of Business per month £	

<b>Business Reference:</b>	
Name: .....	
Address: .....	
.....	
.....	
Tel. No.	Fax. No.
A/C No.	
Current Value of Business per month £	

PROVISION OF YOUR TRADING ACCOUNTS AND BALANCE SHEETS WOULD ASSIST US IN PROCESSING YOUR APPLICATION QUICKLY.

**CREDIT REFERENCES**

WE USE CREDIT REFERENCE AGENCIES AND OTHER SELECTED BUSINESSES TO HELP US MAKE DECISIONS REGARDING YOUR CREDIT ACCOUNT. EXCEPT FOR THE PURPOSES OF CREDIT RATING WE WILL NOT DISCLOSE SELL RENT OR SHARE YOUR CUSTOMER INFORMATION TO OR WITH ANY PERSON OUTSIDE OF THE GROUP OF COMPANIES OF WHICH DAVID COVER & SON LTD FORMS PART (THE GROUP) WITHOUT YOUR CONSENT.

THE GROUP MAY USE YOUR CUSTOMER INFORMATION FOR DIRECT MARKETING PURPOSES IN CONNECTION WITH THEIR PRODUCTS OR SERVICES.

**OUR KEY CREDIT TRADING TERMS ARE:-**

PAYMENT MUST BE MADE NO LATER THAN THE END OF THE MONTH FOLLOWING THE DATE OF INVOICE, E.G. INVOICE DATED JANUARY IS DUE END FEBRUARY.

ANY DISPUTES MUST BE RAISED IN WRITING WITHIN 7 DAYS.

THE COMPANY MAY AT ITS SOLE DISCRETION SUSPEND FURTHER DELIVERIES. THE COMPANY RESERVES THE RIGHT TO INCREASE, DECREASE OR SUSPEND YOUR CREDIT LIMIT AT ANY TIME.

**AMOUNT OF CREDIT APPLIED FOR: £ OVERALL**

I HAVE RECEIVED A COPY OF COVERS' CONDITIONS OF SALE AND ACCEPT THAT ALL SALES AND ANY CREDIT GRANTED WILL BE SUBJECT TO THESE CONDITIONS AT ALL TIMES. FURTHER COPIES OF THE CONDITIONS OF SALE ARE AVAILABLE FROM COVERS' REGISTERED OFFICE, OR ON ITS WEBSITE.

We / I hereby apply for a Trade Credit Account and agreed to pay the account by the last working day of each month following month of delivery in accordance with the conditions of sale, and being a Principal / Principals of the applicant entity, jointly & severally guarantee performance of all the entity's financial obligations to David Cover & Son Ltd, including any financial obligations arising from any increase in credit limit granted by David Cover & Son Ltd, from time to time following the review of the applicant entity's account. We also acknowledge and accept your terms & conditions of sale. <b>MUST BE SIGNED BY DIRECTOR(S), PARTNER(S) OR PROPRIETOR(S) OF THE BUSINESS.</b>	
SIGNED:	DATE:
PRINT NAME:	POSITION:
.....	
SIGNED:	DATE:
PRINT NAME:	POSITION: