



APPLICATION TO OPEN CREDIT ACCOUNT

To comply with recent changes in the data protection legislation we must now request that all customers completing one of our application forms to open a credit account must sign in Section 16 overleaf having read the statement below authorising us to contact third parties, in order that we may process your application. Without this form signed and returned with your completed form, we regret we will be unable to proceed further with your application.

In processing your account for credit facilities we may make enquiries of credit reference agencies or other third parties who may record those enquiries. We may also disclose information about the conduct of your account with us to credit reference agencies or 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 trading and for fraud prevention.

HEATING PLUMBING SUPPLIES LIMITED
Registered/Head Office:
UNIT W, RICH INDUSTRIAL ESTATE, AVIS WAY,
NEWHAVEN, EAST SUSSEX BN9 0DU
Company Reg. 4171695

1 A COPY OF YOUR LETTERHEAD SHOULD ACCOMPANY THIS APPLICATION.

PLEASE INDICATE IF YOU ARE A LIMITED COMPANY

| | |
|-----|----|
| YES | NO |
| | |

PLEASE TICK

2 TRADING NAME

ADDRESS

POSTCODE

TELEPHONE No.

MOBILE No.

FAX No.

EMAIL.

3 DATE

4 PRINT CHRISTIAN NAME

PRINT SURNAME

5 PLEASE STATE YOUR DATE OF BIRTH

6 PLEASE STATE YOUR POSITION IN THE COMPANY

7 REGISTERED OFFICE ADDRESS (Limited Company) or PRIVATE ADDRESS (Unlimited business)

COMPANY REGISTRATION No.

8 TYPE OF BUSINESS: Public Limited Private Limited Sole Trader Partnership LLP

9 HOME ADDRESS & D.O.B. IF DIFFERENT FROM ABOVE FOR OTHER PARTNERS OR DIRECTORS

| NAME | NAME | NAME |
|---------------|---------------|---------------|
| DATE OF BIRTH | DATE OF BIRTH | DATE OF BIRTH |
| ADDRESS | ADDRESS | ADDRESS |

10 HOW LONG ESTABLISHED

11 NATURE OF BUSINESS

12 TYPE OF PREMISES (Home/Shop/etc)

13 NUMBER OF EMPLOYEES

14 TOTAL CREDIT LIMIT REQUIRED £

15 PLEASE GIVE DETAILS OF 2 FIRMS SUPPLYING GOODS ON CREDIT WHO MAY BE CONTACTED FOR REFERENCES

A Company name and address

B Company name and address

TEL.

TEL.

I / We hereby apply for a Trade Credit Account and agree 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 Director/Partner or Proprietor of the applicant Company, jointly and severally guarantee performance of all the Company's financial obligations to Heating Plumbing Supplies Ltd, including any financial obligations arising from any increase in credit limit granted by Heating Plumbing Supplies Ltd., from time to time following the review of the applicant company's account. I / We also acknowledge and accept your terms and conditions of sale. I / We understand your payment terms are 30 days net. I / We have read and understood terms and conditions above and the data protection overleaf on this form. Must be signed by a director(s), partner(s) or proprietor(s) of the business.

16 PLEASE SIGN HERE (All director(s), partner(s) or proprietor(s) if applicable) Please read data protection overleaf before signing

SIGNATURE SIGNATURE SIGNATURE

PRINT PRINT PRINT

TO BE FILLED IN BY HPS BRANCH

| | | | |
|-------------------------|-------------|---------------|----------------|
| CUSTOMER CLASSIFICATION | BRANCH CODE | LOW/HIGH RISK | ACCOUNT NUMBER |
| CUSTOMER TERMS | | NOTES | |