



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 3 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

A COPY OF YOUR LETTERHEAD SHOULD ACCOMPANY THIS APPLICATION.

I/We make this application to open a Credit Account with Heating Plumbing Supplies Ltd.

I/We understand that your credit terms are that payment is due promptly at the end of the month following the date of invoice and that if granted credit I/we agree to pay in accordance with these terms.

PLEASE INDICATE IF YOU ARE A LIMITED COMPANY

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TICK

1 TRADING NAME
ADDRESS
POSTCODE
TELEPHONE No.
MOBILE No.
FAX No.
EMAIL.

2 DATE

3 PLEASE SIGN HERE (Both Partners if applicable)
<i>Please read data protection overleaf before signing</i>

4 PRINT CHRISTIAN NAME	PRINT SURNAME
<input type="text"/>	<input type="text"/>

5 PLEASE STATE YOUR DATE OF BIRTH
<input type="text"/>

6 PLEASE STATE YOUR POSITION IN THE COMPANY
<input type="text"/>

7 REGISTERED OFFICE ADDRESS (Limited Company) or PRIVATE ADDRESS (Unlimited business)
<input type="text"/>
COMPANY REGISTRATION No. <input type="text"/>

8 NAMES & ADDRESSES OF CO-DIRECTORS or PARTNERS (Please state if NONE)	
A	B
<input type="text"/>	<input type="text"/>

9 HOW LONG ESTABLISHED	10 NATURE OF BUSINESS	11 TYPE OF PREMISES (Home/Shop/etc)
<input type="text"/>	<input type="text"/>	<input type="text"/>

12 NUMBER OF EMPLOYEES	13 TOTAL CREDIT LIMIT REQUIRED £
<input type="text"/>	<input type="text"/>

14 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
<input type="text"/>	<input type="text"/>
TEL.	TEL.
<input type="text"/>	<input type="text"/>

TO BE FILLED IN BY HPS BRANCH			
CUSTOMER CLASSIFICATION	BRANCH CODE	LOW/HIGH RISK	ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CUSTOMER TERMS	NOTES
<input type="text"/>	<input type="text"/>