



CREDIT ACCOUNT APPLICATION

COMPANY DETAILS

SECTION ONE

NAME OF COMPANY.....
 REGISTERED OFFICE
 POST CODE
 TEL MOBILE FAX
 EMAIL SALES CONTACT
 TRADING STYLE (tick one) SOLE TRADER PARTNERSHIP LIMITED COMPANY
 COMPANY REGISTRATION No (Limited Companies only) ANNUAL TURNOVER £

TRADING ADDRESS

SECTION TWO

(If different from SECTION ONE)
 POST CODE

Is this address to be used for invoicing. If not give details in SECTION SIX

TRADE REFERENCES

SECTION THREE

(Companies you trade with / Bank or Building Society)

1.	2.
ADDRESS	ADDRESS
..... POST CODE POST CODE
TEL FAX	TEL FAX

CREDIT GUARANTEE

SECTION FOUR

IN CONSIDERATION OF THL LTD GRANTING CREDIT FACILITIES TO THE ABOVE NAMED COMPANY OR PARTNERSHIP (OF WHICH I/WE ARE DIRECTOR/DIRECTORS OR PARTNER/PARTNERS) I/WE THE UNDERSIGNED AGREE THAT THE ACCOUNT SHALL BE OPERATED ON THL LTD TERMS & CONDITIONS. I/WE HEREBY UNDERTAKE AND PERSONALLY GUARANTEE (JOINTLY AND SEVERALLY) ALL SUMS AS MIGHT FROM TIME TO TIME BE DUE AND PAYABLE BY THE COMPANY OR PARTNERSHIP TO THL LTD INCLUDING ANY FINANCIAL OBLIGATION ARISING FROM ANY INCREASE IN THE CREDIT LIMIT GRANTED OR THE AUTHORISED CREDIT LIMIT HAVING BEEN EXCEEDED BY THE COMPANY OR PARTNERSHIP. I/WE SHALL BE LIABLE AS PRINCIPAL DEBTOR AND WITHOUT AND BEFORE ANY FORMAL DEMAND FOR PAYMENT/OR PROCEEDINGS BEING ISSUED AGAINST THE COMPANY

NAME (Block Capitals)	NAME (Block Capitals)
SIGNATURE/DIRECTOR	SIGNATURE/DIRECTOR
/PARTNER (1)	/PARTNER (2)
DATE OF BIRTH	DATE OF BIRTH

PERSONAL DETAILS OF DIRECTOR(S) OR PARTNER(S)

SECTION FIVE

(If there are less than 3 years please give previous address also in additional information section):-

(1) NAME	(2) NAME
HOME OWNER YES <input type="checkbox"/> NO <input type="checkbox"/>	HOME OWNER YES <input type="checkbox"/> NO <input type="checkbox"/>
ADDRESS	ADDRESS
..... POST CODE POST CODE
TEL	TEL

ADDITIONAL INFORMATION

SECTION SIX

(Use this section to provide us with any other information or if you run out of space in any other section)

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CREDIT REQUEST

SECTION SEVEN

PLEASE COMPLETE ALL 7 SECTIONS OF THIS APPLICATION AND ENSURE YOU HAVE READ AND UNDERSTOOD OUR TERMS AND CONDITIONS OF OPERATION OF CREDIT ACCOUNT BEFORE SIGNING THE SECTION BELOW. I/WE ACKNOWLEDGE THE THL LTD TERMS & CONDITIONS AND I/WE UNDERSTAND 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.

REQUESTED CREDIT LIMIT £	DATE
SIGNATURE OF APPLICANT 1	NAME (Block Capitals)
SIGNATURE OF APPLICANT 2	NAME (Block Capitals)

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

Thank you for your recent enquiry. This is our account application form for your perusal.

If you would like to open an account with THL LTD please complete this application form and return the original to 56-60 High Street, London, N8 7NX.

Your application will be dealt with directly but can be processed more swiftly if you adhere to the following;

PLEASE ENSURE THAT:

- Your form is filled in with BLOCK CAPITALS and sections 4 & 7 have been signed by either the company director (for Limited company applications), or by all partners (for Sole Trader applications) once you have read and understood all sections of the form.
- You have completed the trade reference details as required on the application form.

PLEASE PROVIDE US WITH EACH OF THE FOLLOWING:

- a) COPY of photo ID i.e. Passport or photo Driving License for the person(s) signing the application
- b) COPIES of the last three months of either your Bank or Credit Card Statements
- c) Statement of account from another credit supplier

You will be contacted once your application has been fully assessed. If you need further assistance, please do not hesitate to contact us on 0208 348 3020 or email us at Info@thlplumbingbathrooms.co.uk