



## ACCOUNT APPLICATION

<b>Company Name</b>	<b>Trading Name (if different)</b>

<b>Invoice/Head Office Address</b>
<b>Tel:</b>
<b>Website:</b>
<b>Date Of Incorporation:</b>

<b>Business Status:</b>	PLC <input type="checkbox"/>	Ltd <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>
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<b>Company Reg No.</b>	<b>VAT Reg No.</b>
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<b>Names and Home addresses of principal Directors, Owners, Partners</b>
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For Businesses that operate as Sole Traders we require the full name and address of the proprietor. For Businesses that operate as Partnerships we require the full name and addresses of all partners. For Businesses that operate as Limited companies we require the full name and addresses of all directors. In order for us to process your application for credit we may pass your details to a credit reference agency By signing this form you give your explicit consent for TVD (NW) Ltd to approach any such agency.

<b>Director, Owner, Partner</b>		<b>Director, Owner, Partner</b>	
<b>Full Name</b>		<b>Full Name</b>	
<b>Home Address 1</b>		<b>Home Address 1</b>	
<b>Home Address 2</b>		<b>Home Address 2</b>	
<b>Home Address 3</b>		<b>Home Address 3</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Mobile Number</b>		<b>Mobile Number</b>	
<b>Director, Owner, Partner</b>		<b>Director, Owner, Partner</b>	
<b>Full Name</b>		<b>Full Name</b>	
<b>Home Address 1</b>		<b>Home Address 1</b>	
<b>Home Address 2</b>		<b>Home Address 2</b>	
<b>Home Address 3</b>		<b>Home Address 3</b>	
<b>Postcode</b>		<b>Postcode</b>	
<b>Mobile Number</b>		<b>Mobile Number</b>	





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Customer Purchasing Contact		Customer Accounts Dept Contact	
Name		Name	
Position in Co.		Position in Co.	
Telephone		Telephone	
Mobile		Mobile	
E-Mail Address		E-Mail Address	

Type Of Account required?	Credit A/C <input type="checkbox"/>	Bank Transfer <input type="checkbox"/>
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If Credit Account-Monthly Credit Required: £ _____
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Please give the details of two of your current suppliers who we may ask for a credit reference			
Company Name		Company Name	
Contact Name		Contact Name	
Address 1		Address 1	
Address 2		Address 2	
Address 3		Address 3	
Postcode		Postcode	
Telephone		Telephone	
Website		Website	
Email Address		Email Address	

<p>Credit Accounts are offered at TV D (NW) Ltd's sole discretion. Our standard credit terms are 30 days from date of invoice. All orders are accepted on this basis. In consideration of the granting of credit facilities I/ we agree to make settlement of accounts within the terms and conditions issued by TV D (NW) Ltd, and understand that all goods remain the property of TV D (NW) Ltd until payment has been received in full.</p> <p>By signing this form you confirm that you have read, understand and accept TV D (NW) Ltd Terms and Conditions (view here <a href="https://www.mitchellandbrown.co.uk/legals/terms-and-conditions/">https://www.mitchellandbrown.co.uk/legals/terms-and-conditions/</a>)</p>		
Name _____	Signed _____	Date _____

