



This form should be completed in block capitals using a ball point pen
Please enclose a sample of your Company letterhead

CREDIT APPLICATION FORM

APPLICATION FOR A CREDIT FACILITY

Items in this box are for office use only

Date Received _____

New Account

Change of Address

Change of Title

TO BE COMPLETED BY CUSTOMER

Full Legal Title and Trading Name:

Sole Trader

Partnership

LLP

Limited Company

PLC

(please tick where appropriate)

Co Reg No.

VAT No.

STATEMENT ADDRESS:

Name:

Street:

Town:

Country:

Post Code:

Phone Number:

E-Mail address

Fax No

DELIVERY ADDRESS: (if same as statement address, please state)

Name:

Street:

Town:

Country:

Post Code:

Phone Number:

DETAILS OF BUSINESS:

Nature of Business:

Date Established:

Number of Employees:

Details of any other Companies/Business managed by the Principals of this application current or past:

METHOD OF PAYMENT:

Cheque

Direct Debit

BACS

Other

If other, please specify:

Flair Plastic Products Ltd, Unit 36 Minworth Industrial Estate, Forge Lane, Minworth B76 1AH

Tel: 0121 624 5001 sales@flairplasticproducts.co.uk

www.Flairwindows.com Company Registered in England & Wales No. 03653585

I/WE REQUEST YOU TO OPEN A CREDIT ACCOUNT IN THE NAME OF:

With a Proposed Credit Limit of(*Order Value): _____ per month

Agreed Credit Period: _____ days

DUE TO THE BESPOKE NATURE OF THE PRODUCTS BEING MANUFACTURED,THE CREDIT LIMIT IS TO BE BASED ON THE ORDER VALUE AND NOT THE DELIVERED VALUE

TRADE REFERENCES:

I/We authorise you to take up references at any time from the under mentioned bank and trade sources.
NB: (We will make searches with a credit reference agency, which will keep a record of those searches and may share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.)

1.	Name:	
	Full Address:	
	Contact Name:	Telephone:
2.	Name:	
	Full Address:	
	Contact Name:	Telephone:
3.	Name:	
	Full Address:	
	Contact Name:	Telephone:

BANK DETAILS:

Name:	
Address:	
Sort Code:	Account Number:

CONTACT FOR PAYMENT:

Name:	
Position:	
Tel No:	Fax No:
Email Address:	

OWNER / PARTNERS / DIRECTORS OF THE BUSINESS:

I/We have read, understood and retained a copy of your Conditions of Supply and agree to trade in accordance with these for any goods supplied.

I/We accept that title to all goods supplied to us will remain vested in Flair Plastic Products Limited until all amounts outstanding from us on any account have been paid in full to Flair Plastic Products Limited.

I/We also agree to comply with your settlement terms (specified within your conditions of sale).

I/We understand that Flair Plastic Products Limited have the statutory right to charge interest under the Late Payment of Commercial Debts (Interest) Act 1998 as amended by The Late Payment of Commercial Debts Regulations 2002, if settlement terms have not been adhered to.

DETAILS OF OWNER / PARTNERS / DIRECTORS OF THE BUSINESS

1.	Name:	
	Home Address:	
2.	Name:	
	Home Address:	

GUARANTEE FOR CREDIT FACILITY

To: Flair Plastic Products Limited

In consideration to you agreeing to grant credit facilities to the Business, I/We hereby unconditionally guarantee the due and punctual performance and observance by the Business of its obligations to you under every contract for the supply of goods to the Business and as a separate and independent obligation and liability, I/We agree to indemnify you and keep you indemnified in full and on demand from and against all and any losses, costs, claims, liabilities, damages, demands and expenses suffered or incurred by you arising out of, or in connection with, any failure of the Business to perform or discharge any of its obligations or liabilities to you, together with any charges and expenses incurred in the enforcement of any of the provisions of this Guarantee or occasioned by any breach by the Business of any of its obligations to you under this Guarantee.

This Guarantee has been executed as a deed and is delivered and takes effect on the date stated at the top of the first page of this Guarantee.

Name 1..... (Director)

Signature:.....

Name 2..... (2nd Director OR Witness)

Signature:.....

Address and Occupation of Witness:

Date of Signatures:

NOTE: Name, address and occupation of Witness only needed if not signed by a second Director.