



Company Credit Account Application

FOR LTD/PLC/LLP COMPANIES

PLEASE COMPLETE ALL SECTIONS TO AVOID ANY DELAY IN OUR DECISION

FULL COMPANY NAME: (Block Capitals Please)		.....
TRADING NAME IF DIFFERENT:		.....
TRADING ADDRESS:	.....	TELEPHONE NO:	.....
	.....	FAX NO:	.....
	.....	MOBILE NO:	.....
	.....	WEBSITE ADDRESS:	.....
	.....	E-MAIL ADDRESS:	.....

TYPE OF COMPANY:	PLC <input type="checkbox"/>	LIMITED <input type="checkbox"/>	LLP <input type="checkbox"/>
NATURE OF BUSINESS:	.....	
HOW LONG ESTABLISHED:	.....	
COMPANY REGISTRATION NUMBER:	.....	POSTCODE:	.....

NAME AND ADDRESS OF ALL DIRECTORS / DESIGNATED MEMBERS / PROPRIETORS (of more than 10% of the applicant entity):- (Please continue on a separate sheet if necessary)

Full Name:	D.O.B:
Address:	
.....	
How long at above:	
.....	
Tel. No.	Position(s):

Full Name:	D.O.B:
Address:	
.....	
How long at above:	
.....	
Tel. No.	Position(s):

Full Name:	D.O.B:
Address:	
.....	
How long at above:	
.....	
Tel. No.	Position(s):

Full Name:	D.O.B:
Address:	
.....	
How long at above:	
.....	
Tel. No.	Position(s):

HAVE ANY OF THE DIRECTORS EVER BEEN DIRECTORS OF A COMPANY THAT BECAME INSOLVENT OR ENTERED INTO A COMPANY VOLUNTARY ARRANGEMENT OR HAVE THEY BEEN PERSONALLY BANKRUPT OR ENTERED INTO AN I.V.A.? **YES / NO**. IF YES PLEASE GIVE DETAILS ON A SEPARATE SHEET.

<u>FOR COVERS USE ONLY</u>	
ORIGINATOR:	DATE GIVEN TO CUSTOMER:
MAIN SUPPLYING DEPOT:	DATE RECEIVED BY CREDIT CONTROL:
REP:	APPLICATION NO.
TRADE LETTER:	DATE ACC. OPENED/NOT OPENED:
CREDIT LIMIT £	DATE CUSTOMER INFORMED:

BUSINESS REFERENCES:-

Business Reference:	
Name:	
Address:	
Tel. No.	Fax. No.
A/C No.	
Current Value of Business per month £	

Business Reference:	
Name:	
Address:	
Tel. No.	Fax. No.
A/C No.	
Current Value of Business per month £	

Provision of your trading accounts and balance sheets would assist us in processing your application quickly.

CREDIT REFERENCES

David Cover & Son Limited ("Covers") use credit reference agencies and other selected businesses to help us make decisions regarding credit accounts. Except for the purposes of credit rating we will not disclose sell or rent your information to any person outside of the group of companies of which "Covers" forms part without your consent.

The Company may use your customer information for direct marketing purposes in connection with our products or services.

OUR KEY CREDIT TRADING TERMS ARE:-

Payment must be made no later than the end of the month following the date of invoice, e.g. invoice dated January is due end February.

If your account becomes overdue interest will be charged at 2% per month.

Any disputes must be raised in writing within 7 days of receipt of invoice.

Covers reserves the right to increase, decrease or suspend credit limits at any time.

AMOUNT OF CREDIT APPLIED FOR: £

I have received a copy of Covers' Conditions of Sale and accept that all sales and any credit granted will be subject to these conditions at all times. Further copies of the Conditions of Sale are available from Covers' registered office, or on its website. Covers reserves the right to modify its Conditions of Sale from time to time.

DECLARATION	
Each signatory, as authorised representative of the applicant entity, applies for a Trade Credit Account and acknowledge and accepts Covers' terms & conditions of sale.	
Each signatory further agrees, in consideration of Covers granting a Trade Credit facility to the applicant entity, jointly and severally, to personally guarantee performance of all the applicant entity's financial obligations to Covers including any financial obligations arising from any increase in credit limit granted by Covers from time to time.	
MUST BE SIGNED BY DIRECTOR(S) OR DESIGNATED MEMBER(S) AND PROPRIETOR(S) OF THE BUSINESS.	
SIGNED:	DATE:
PRINT NAME:	
SIGNED:	DATE:
PRINT NAME:	
SIGNED:	DATE:
PRINT NAME:	
SIGNED:	DATE:
PRINT NAME:	



SECURITY INFORMATION FORM

Mandatory requirements to prevent fraudulent transactions

ACCOUNT NAME

To protect your account from possible fraudulent activity it is mandatory to have a password when ordering goods. please provide a password below in the required format.

.....

.....
**password to be any combination of at least 6 letters or numerals.*

Do you require **WRITTEN ORDERS** to be presented before goods are supplied - either for collection or delivery **YES/NO**

Do you require a **VERBAL REFERENCE** to be shown on all invoices – these will require an order format or stipulated reference requirement **YES/NO**
Please list below—use separate sheet if necessary

.....
.....
.....

Do you require operatives to show ID, or identify themselves **YES/NO** Name or ID Number will be shown on all invoices
Please provide a separate sheet with details of your requirements

THE ACCOUNT CANNOT BE OPENED UNTIL A PASSWORD IS PROVIDED. PLEASE BE AWARE THAT ANY UNAUTHORISED USE OF YOUR ACCOUNT WILL REMAIN THE RESPONSIBILITY OF THE ACCOUNT HOLDER

SIGNED: **PRINT NAME** Position
with Account Holder Date

All invoices/credit notes/& statements will be emailed

Please confirm email address for these documents.....

Product & Company Information – We would like to send you information & special offers from time to time (our mailing lists are NOT available to 3rd parties)

Would you like to receive such information by email? **YES/NO**
Please confirm email address:
Would you like to receive such information by text or social media? **YES/NO**
If yes, please confirm mobile phone number
Our special offers are also accessible via our website or social media