

David Cover & Son Limited

Credit Account Application

FOR SOLE TRADERS / PARTNERSHIPS / INDIVIDUALS

PLEASE COMPLETE ALL SECTIONS TO AVOID ANY DELAY IN OPENING YOUR ACCOUNT

FULL TRADE NAME: (Block Capitals Please)
TYPE OF BUSINESS:
TRADING ADDRESS:
	TELEPHONE NO:
	FAX NO:
	MOBILE NO:
	WEBSITE ADDRESS:
	E-MAIL ADDRESS:

TYPE OF CUSTOMER:	SOLE TRADER <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	PRIVATE CUSTOMER <input type="checkbox"/>
NATURE OF BUSINESS:	HOW LONG ESTABLISHED:

NAME AND ADDRESS OF ALL PARTNERS / INDIVIDUALS:- (PLEASE USE A SEPARATE SHEET IF NECESSARY)

Full Name:	D.O.B:
.....	
Address:	
.....	
Tel. No.	
.....	
How long at this address?	Yrs Months
.....
Are you legal owner? YES/NO. if yes approx value of property £	k
.....
Approx value of mortgage/loans secured on property £	k
.....
If 1 year or less please provide previous address	
Address:	
.....	

Full Name:	D.O.B:
.....	
Address:	
.....	
Tel. No.	
.....	
How long at this address?	Yrs Months
.....
Are you legal owner? YES/NO. if yes approx value of property £	k
.....
Approx value of mortgage/loans secured on property £	k
.....
If 1 year or less please provide previous address	
Address:	
.....	

HAVE YOU EVER BEEN PERSONALLY BANKRUPT OR ENTERED INTO AN I.V.A. OR EVER BEEN A DIRECTOR OF A COMPANY THAT BECAME INSOLVENT OR ENTERED INTO A COMPANY VOLUNTARY ARRANGEMENT? **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:
.....

SOLE TRADERS/PARTNERSHIPS – PROVISION OF YOUR TRADING ACCOUNTS WOULD ASSIST WITH OUR DECISION MAKING.
PLEASE ADVISE YOUR TURNOVER FOR LAST TWO YEARS:

YEAR ENDING (MM/YY)

TURNOVER £

	k
	k

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 £	

CREDIT REFERENCES

WE USE CREDIT REFERENCE AGENCIES AND OTHER SELECTED BUSINESSES TO HELP US MAKE DECISIONS REGARDING YOUR CREDIT ACCOUNT. EXCEPT FOR THE PURPOSES OF CREDIT RATING WE WILL NOT DISCLOSE SELL RENT OR SHARE YOUR CUSTOMER INFORMATION TO OR WITH ANY PERSON OUTSIDE DAVID COVER & SON LTD (“THE COMPANY”) 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.

THE COMPANY MAY AT ITS SOLE DISCRETION SUSPEND FURTHER DELIVERIES. THE COMPANY RESERVES THE RIGHT TO INCREASE, DECREASE OR SUSPEND YOUR CREDIT LIMIT AT ANY TIME.

AMOUNT OF CREDIT APPLIED FOR: £ OVERALL

I/WE HAVE RECEIVED A COPY OF THE COMPANY’S 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 THE COMPANY’S REGISTERED OFFICE.

SIGNED: _____ DATE: _____

PRINT NAME: _____

POSITION: _____

SIGNED: _____ DATE: _____

PRINT NAME: _____

POSITION: _____

AS A SOLE TRADER/PARTNER/INDIVIDUAL YOU WILL BE PERSONALLY LIABLE FOR ANY DEBT DUE TO US AS A SUPPLIER, THEREFORE YOUR ASSETS COULD BE AT RISK IF YOUR ACCOUNT IS NOT PAID TO TERMS.



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