

APPLICATION FOR TRADE CREDIT ACCOUNT

ALLTYPE ROOFING SUPPLIES (GROUP) LTD Unit 2, Viper Trading Estate, Ashton Road, Romford, RM3 8RF

In light of a recent increase in identity theft and fraud, we are obliged to **request a copy of a valid drivers licence or passport** upon account application. Sole traders must supply their own identification or for a limited company it must be that of a director. Please include a clear copy of your identification on submission of your application. Thank you.

YOUR DETAILS	
FIRST NAME	LAST NAME
ADDRESS (INCL. POSTCODE)	
MOBILE	E-MAIL
TEL NO.	DATE OF BIRTH
COMPANY DETAILS	
COMPANY DETAILS	
COMPANY NAME	TRADING NAME (IF DIFFERENT)
COMPANY REGISTERED ADDRESS (INCL. POSTCODE)	
MOBILE	E-MAIL
VAT REGISTRATION NUMBER	NATURE OF BUSINESS
NUMBER OF EMPLOYEES	TURNOVER & DATE OF LAST YEAR END
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DATE OF INCORPORATION / TIME TRADING	COMPANY REGISTRATION NUMBER
LENGTH OF TIME AT CURRENT ADDRESS	PARENT COMPANY NAME / REGISTERED NUMBER
PREVIOUS ADDRESS IF LESS THAN 3 YEARS AT CUR	RENT ADDRESS
IS YOUR COMPANY A	
SOLE PROPRIETORSHIP LIMITED COMPANY	PARTNERSHIP OTHER (GIVE DETAILS BELOW)

DIRECTOR DETAILS	
FIRST NAME	LAST NAME
ADDRESS (INCL. POSTCODE)	
MOBILE	E-MAIL
TEL NO.	DATE OF BIRTH
PREVIOUS ADDRESS IS LESS THAN 3 YEARS AT CURRE	ENT ADDRESS

DIRECTOR TWO DETAILS	
FIRST NAME	LAST NAME
ADDRESS (INCL. POSTCODE)	
MOBILE	E-MAIL
TEL NO.	DATE OF BIRTH
TEL INO.	DAIL OF BIRTH
PREVIOUS ADDRESS IS LESS THAN 3 YEARS AT CURRI	ENT ADDRESS
DIRECTOR THREE DETAILS	
FIRST NAME	LAST NAME
FIRST NAME ADDRESS (INCL. POSTCODE)	LAST NAME
	LAST NAME
	LAST NAME
ADDRESS (INCL. POSTCODE)	
	LAST NAME E-MAIL
ADDRESS (INCL. POSTCODE)	
ADDRESS (INCL. POSTCODE) MOBILE TEL NO.	E-MAIL DATE OF BIRTH
ADDRESS (INCL. POSTCODE) MOBILE	E-MAIL DATE OF BIRTH
ADDRESS (INCL. POSTCODE) MOBILE TEL NO.	E-MAIL DATE OF BIRTH

CREDIT DETAILS	
CREDIT LIMIT REQUIRED	ACCOUNT CONTACT NAME
PREFERRED PAYMENT METHOD	ACCOUNT CONTACT E-MAIL
BACS DEBIT CARD	
HAVE YOU PREVIOUSLY HELD AN ACCOUNT WITH US?	IF SO, UNDER WHAT NAME & ADDRESS?
Have any of the principals / directors / partners / prop	
(Including but not limited to IVA / CVA / Administration) against them? If so please provide details.) or had any kind of county court judgement registered
YES NO	
WHICH BRANCH WOULD YOU LIKE TO SETUP YOUR ACC	COUNT WITH?
SLOUGH WOKING CROYDO	ON SOUTHALL ROMFORD
BANK DETAILS	
BANK NAME	
BANK ADDRESS (INCL. POSTCODE)	
BANK ACCOUNT NUMBER	SORT CODE

MARKETING PREFERENCES	
France 4: 4 4:	
•	pe Group may use the information you have provided and promotions that we feel would be of interest to you.
Please send me information about your products, services, benefits and promotions using the methods below.	
E-MAIL PHONE	SMS POST
FIRST NAME	LAST NAME
ADDRESS (INCL. POSTCODE)	
MOBILE	E-MAIL
Your consent is voluntary and you are under no ob subsequently withdraw consent at any time by cor	oligation to consent. Even if consent is given, you can nate tring any branch of Alltype Group in writing
(although it will not affect any use of your informations consent, or if you wish to subsequently withdraw or	ion prior to withdrawal). Please note that if you do not consent, we will be unable to send you more
information about our products, services, benefits o	•
TRADE REFERENCES (PLEASE PROVIDE TV	WO)
BUSINESS NAME	BUSINESS NAME
ADDRESS (INCL. POSTCODE)	ADDRESS (INCL. POSTCODE)

TEL NO.

TEL NO.

DATA PROTECTION & MONEY LAUNDERING (FAIR PROCESS) NOTICE

In order to process your application we will supply your personal information to credit reference agencies (CRA'S) and they will give us information about you, such as about your financial history. We do this to assess creditworthiness and product suitability, check your identity, manage your account, trace and recover debt and prevent criminal activity. We will continue to exchange information about you with CRA's on an ongoing basis, including about your settled accounts and any debts not fully repaid on time. CRA's will share information with other organisations. The identities of the CRA's and the ways in which they use and share personal information are explained in more detail at www.experian.co.uk/legal/crain

DECLARATION

By signing this agreement you confirm that you have read, understood and accept our terms and conditions of sale as attached. You accept that in consideration of our agreement to supply goods to the applicant company on credit terms you the undersigned being directors/proprietors and authorised representative(s) of the applicant company agree jointly and severally to guarantee payment of all the financial obligations due to us, including any financial obligations arising from any changes in credit limit made to the credit account granted by us from time to time.

FULL NAME	FULL NAME
POSITION	POSITION
DATE	DATE
SIGNED	SIGNED

BRANCH USE ONLY
BRANCH MANAGER
BRANCH
PREVIOUS CASH ACCOUNT?
SIGNED

CREDIT SERVICE USE ONLY	
CREDIT LIMIT APPROV	ED
AUTHORISED BY	
DATE	ACCOUNT NUMBER
SIGNED	