



**TRADE CREDIT ACCOUNT
APPLICATION FORM**

APPLICATION FOR CREDIT ACCOUNT AND GUARANTEE FORM

GUIDANCE NOTES

We aim to process all applications promptly. Applications that are incorrect or incomplete will be delayed, so please read these guidelines carefully before completing the application.

Please read the Data Protection Notice.

Terms & Conditions of Business are available upon request. **Section 1** Must be completed by ALL APPLICANTS Please provide a letterhead.

Signature For Limited/LLP and PLC a Director(s) or Company Secretary will need to sign the application.

Section For sole traders the owner of the account needs to sign.

For Partnerships all partners need to sign.

For Clubs/Associations the Secretary/Treasurer needs to sign.

Section 2 Must be completed by Limited & Public Companies.

Section 3 Must be completed by Directors, Sole Traders, Partners and trustees.

Please supply all dates of birth for all applicants.

Section 4 Must be completed by all applicants.

Section 5 DO NOT complete this Section -OFFICE USE ONLY.

PLEASE CAN ALL SOLE TRADERS/PARTNERSHIP APPLICANTS ENCLOSE SUITABLE EVIDENCE OF THEIR HOME ADDRESS.

Examples of this include Council Tax Bill, Telephone bill, Bank or Building Society statement or Credit Card statement.

Thank you for reading these notes and for submitting your completed application form together with suitable proof of your address, which should be returned to SGC GLASS Limited.

TRADE CREDIT ACCOUNT

PLEASE COMPLETE ALL WHITE SECTIONS IN BLOCK CAPITALS & RETURN TO SGC GLASS

Business/Trading Name:

Business/Trading Address:

Post Code:

Telephone No:

Fax No:

Main Contact email Address:

Mobile No:

Previous Address (if less than 2 years at present address):

Telephone No:

Fax No:

Post Code:

Mobile No:

Type of Business: Public Limited Co.

Private Limited Co.

Sole Trader

Partnership

LLP

Initial Credit Limit Required: £

Have any of the principals (directors/partners/trustees or proprietor) been involved in a Liquidation/Bankruptcy/ IVA/CVA/Receivership or had any CCJ's registered against them? Yes / No

If Yes, please give brief details:

How long has your business been established? years

Payment Method Bacs Cheque Cash Debit Card

Letterhead & proof of address enclosed with this application form:

Do you wish to receive statements / invoices by e-mail? Yes / No

E-mail Address (For invoices & statements):

Name and contact details of who deals with invoice queries and payments:

Do you wish all goods to be supplied against an official Order Number? Yes / No

If No, please state who may collect goods on your account:

If a list of names is not provided or password given, we will assume all goods on your account are drawn with your authority.

Have any of the directors, owners or partners of this business held any other credit accounts with SGC Glass Ltd? Yes / No

If Yes please specify:

Which other Glaziers do you hold an account with?

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Limited Companies only

Co. Registration No:

Date of Incorporation:

Parent Company:

Parent Company Registration number:

3

Directors / Sole Traders / Partners / Trustees

Full Name:

Address:

Date of Birth:

Full Name:

Address:

Date of Birth:

Full Name:

Address:

Date of Birth:

Full Name:

Address:

Date of Birth:

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Your Bank Details: Please give full details of your main account

Bank Name

Telephone

Address

Postcode

Sort Code

Account Number

Trade References

Company Name:

Telephone No:

Company Address:

Company Name:

Telephone No:

Company Address:

Company Name:

Telephone No:

Company Address:

What is the Nature of your Business?

- | | | | | |
|---|---|--|---|--|
| <input type="checkbox"/> General Builder | <input type="checkbox"/> Painter & Decorator | <input type="checkbox"/> Housing Association | <input type="checkbox"/> Shop/Office fitter | <input type="checkbox"/> Self Builder Home |
| <input type="checkbox"/> Housebuilder/Developer | <input type="checkbox"/> Electrician/Contractor | <input type="checkbox"/> Local Government | <input type="checkbox"/> Plumber | <input type="checkbox"/> Renovator Other |
| <input type="checkbox"/> Building Contractor | <input type="checkbox"/> Carpenter & Joiner | <input type="checkbox"/> Central Government | <input type="checkbox"/> Heating Engineer | <input type="checkbox"/> (please specify) |
| <input type="checkbox"/> Property Developer | <input type="checkbox"/> Landscaper | <input type="checkbox"/> Hospital/Nursing Home | <input type="checkbox"/> Plumbing & Heating Engineer | _____ |
| <input type="checkbox"/> Groundworker | <input type="checkbox"/> Repair, Maintenance & Refurb | <input type="checkbox"/> School/College | <input type="checkbox"/> Kitchen & Bathroom Installer | _____ |
| <input type="checkbox"/> Plaster & Drylining Contractor | <input type="checkbox"/> Loft Convertor | <input type="checkbox"/> Leisure industry | <input type="checkbox"/> Floor & Wall Tiler | |
| <input type="checkbox"/> Roofing Contractor | <input type="checkbox"/> Exhibition Contractor | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Architect/Surveyor | |

Declaration

Each Signatory, as authorised representative(s) of the applicant Customer, hereby applies for a Trade Credit Account and agrees to pay the account by the last working day of each month following the month of invoice in accordance with SGC Glass Ltd conditions of sale. Each Signatory further agrees that those conditions of sale (as modified, amended or updated by SGC Glass from time to time) shall apply to all sales of SGC Glass goods or services. Each signatory to the agreement agrees, jointly and severally, to personally guarantee the performance of the contract by the organisation on whose behalf the signature is given, including any financial obligations arising from any changes in the credit limit of the credit account made by SGC Glass Ltd from time to time. In the event of failure or default, or non-compliance with the Terms and Conditions of this contract, SGC Glass Ltd has the right to proceed against the signatory personally. Should be signed by a director(s), partner(s), company secretary or proprietor of the business.

Signed

Print name:

Date:

Signed

Print name:

Date:

Signed

Print name:

Date:

Signed

Print name:

Date:

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FOR SGC OFFICE USE ONLY

REGION:

INITIAL CREDIT LIMIT GRANTED: £

BRANCH:

APPROVED BY:

TERRITORY/SDM:

DATE:

ACCOUNT NUMBER:

SIX MONTH REVIEW COMPLETED BY:

DATA PROTECTION

We will make a search with a Credit Reference Agency, which will keep a record of that search and will share that information with us and other businesses. In some instances we may also make a search on the personal credit file of principal directors. We may also pass or share your information with carefully selected third parties for the purposes of account opening, credit vetting and account management.

Should it become necessary to review an account then again, a credit reference may be sought and a record kept. We will monitor and record information relating to your trade performance and such records will be available to Credit Reference Agencies who will share that information with other businesses when assessing applications for credit and fraud prevention. For the purposes of credit referencing we may also share information with other businesses.

By submitting information on this form, you confirm that you have the consent of all relevant individuals to the processing of their personal data for the purposes stated, including but not limited to partners, directors and other householders whose details may be obtained as a result of checks against the addresses you provide.



RESPECTING YOUR PRIVACY

We will record your purchasing preferences and may use your information for marketing purposes.

As well as by telephone if you would like to be contacted by SMS or email please provide your details below.

Mobile Telephone Number:

Email Address:

Under the Data Protection Act you have the right to apply for a copy of the information we hold on you, for which we may charge a small fee.