



**Building
Supplies**

LOUGHBOROUGH

Chainbridge Close,
Loughborough, Leicestershire
LE11 1QB

Tel: 01509 264711

Fax: 01509 264723

COALVILLE

Brunel Way,
Stephenson Industrial Estate,
Coalville, Leicestershire
LE67 3HF

Tel: 01530 812128

Fax: 01530 830158

APPLICATION FOR CREDIT FACILITIES

(PLEASE SUPPLY A SAMPLE OF YOUR COMPANY LETTER HEADING)

COMPANY NAME :

ADDRESS OF BUSINESS PREMISES INC POST CODE :

.....

.....

NATURE OF BUSINESS :

TELEPHONE NUMBER : FAX NUMBER :

IF LIMITED COMPANY ,ADDRESS OF REGISTERED OFFICE :

.....

.....

COMPANY REGISTRATION NUMBER : DATE OF INCORPORATION :

ADDRESS TO WHERE INVOICES AND/OR STATEMENTS ARE TO BE SENT IF DIFFERENT FROM
BUSINESS ADDRESS :

.....

.....

BANK NAME AND ADDRESS :

.....

COMPANY EMAIL ADDRESS :

COMPANY WEBSITE ADDRESS :

COMPANY VAT REGISTRATION NUMBER :

If you would like to receive your invoices and statements by email please state the relevant email address below.

Email address for invoices	
Email address for statements	

TRADE REFERENCES (PLEASE SUPPLY NAME AND ADDRESS OF AT LEAST TWO) :

1.
.....
.....

TELEPHONE NUMBER :

FAX NUMBER :

2.
.....
.....

TELEPHONE NUMBER :

FAX NUMBER :

AMOUNT OF MONTHLY CREDIT REQUIRED £

DO YOU USE ORDER NUMBERS : YES / NO (DELETE AS APPLICABLE)

ACCOUNTS CONTACT

NAME :

POSITION:

TELEPHONE :

FAX :

EMAIL :

I/WE HEREBY APPLY FOR CREDIT ACCOUNT FACILITIES AND AGREE TO ADHERE TO THE COMPANIES TERMS OF PAYMENT, IE END OF THE MONTH FOLLOWING MONTH IN WHICH THE GOODS OR SERVICES ARE SUPPLIED. ALL GOODS REMAIN THE PROPERTY OF P&R BUILDING SUPPLIES LTD UNTIL PAID FOR IN FULL.

NAME : SIGNATURE :

POSITION : DATE :

COMPANY CONTACTS

PLEASE SUPPLY THE FOLLOWING DETAILS FOR DIRECTORS, PARTNERS AND CONTACTS WITHIN YOUR COMPANY. ALSO IF YOU WISH PLEASE SUPPLY DETAILS OF ANY INDIVIDUAL WHO MAY PURCHASE GOODS ON YOUR ACCOUNT. PLEASE USE SEPARATE PIECE OF PAPER IF MORE SPACE IS NEEDED.

NAME :

ADDRESS :

POSITION:

TELEPHONE : FAX : MOBILE :

EMAIL :

NAME :

ADDRESS :

POSITION:

TELEPHONE : FAX : MOBILE :

EMAIL :

NAME :

ADDRESS :

POSITION:

TELEPHONE : FAX : MOBILE :

EMAIL :

NAME :

ADDRESS :

POSITION:

TELEPHONE : FAX : MOBILE :

EMAIL :