

CUSTOMER CREDIT ACCOUNT APPLICATION FORM

PLEASE STATE WHICH SELCO BRANCH YOUR ACCOUNT IS TO BE HELD IN



PLEASE COMPLETE THE BOXES BELOW

Business Name:

Trading Address:

.....Post Code:

Main Contact Telephone:(Landline)

Accounts Payable Telephone:(Landline)

(Please Print Main Contact Name in **CAPS**):

(Please Print Accounts Contact Name in **CAPS**):

e-mail:

Please Attach Business Card Or Letterhead To Application

IS APPLICANT A LIMITED COMPANY? YES NO

IF YES PLEASE GIVE COMPANY REG. NO:

DO YOU HAVE AN EXISTING SELCO CASH ACCOUNT YES / NO - If yes please give number..... Credit limit requested £

IF YOU HAVE A CREDIT ACCOUNT WITH EITHER PLUMBASE OR BUILDBASE, PLEASE GIVE A/C NUMBER

DETAILS OF PROPRIETORS/DIRECTORS

First Name: Surname:

Home Address:

.....

Postcode: Home Telephone:

Date of Birth:/...../..... Mobile:

First Name: Surname:

Home Address:

.....

Postcode: Home Telephone:

Date of Birth:/...../..... Mobile:

BANKERS REFERENCE	TRADE REFERENCE 1	TRADE REFERENCE 2
Name:	Name:	Name:
Address:	Address:	Address:
Telephone:	Telephone:	Telephone:

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 delivery in accordance with Selco Trade Centres Ltd conditions of sale. Each signatory further agrees that those conditions of sale (as modified, amended or updated by Selco from time to time) shall apply to all sales of Selco 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 Selco Trade Centres Ltd from time to time. Each signatory has been provided the opportunity to seek independent legal advice of a solicitor prior to signing this form. In the event of failure or default, or non-compliance with the terms and conditions of the contract, Selco Trade Centres 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:

We will make a search with a Credit Reference Agency, which will keep a record of that search and will share that information with other businesses. In some instances we may also make a search on the personal credit file of principle directors. 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.

BUSINESS CATEGORY:
Please tick box

A. BUILDER	<input type="checkbox"/>	F. PLASTERER	<input type="checkbox"/>
B. ELECTRICIAN	<input type="checkbox"/>	G. CARPENTER	<input type="checkbox"/>
C. PLUMBER	<input type="checkbox"/>	H. LANDSCAPING	<input type="checkbox"/>
D. DECORATING	<input type="checkbox"/>	I. OTHER BUILDING TRADE	<input type="checkbox"/>
E. WALL/FLOORING	<input type="checkbox"/>	J. SERVICE PROVIDER	<input type="checkbox"/>
		K. MANUFACTURER	<input type="checkbox"/>
		L. OTHER BUSINESS TYPE	<input type="checkbox"/>

MARKET RESEARCH From which source did you hear of Selco Trade Centres. Please tick below:

NEWSPAPER	<input type="checkbox"/>	RADIO	<input type="checkbox"/>
BILLBOARDS	<input type="checkbox"/>	TELEPHONE	<input type="checkbox"/>
WORD OF MOUTH	<input type="checkbox"/>	WEBSITE	<input type="checkbox"/>
MAILSHOT	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

HOW LONG HAVE YOU BEEN TRADING? _____ YEARS

PLEASE RETURN THE ORIGINAL SIGNED FORM, FAXED COPIES WILL NOT BE PROCESSED
RETURN TO: Selco Builders Warehouse, Boundary House, 2 Wythall Green Way, Wythall, Birmingham B47 6LW
Tel: 01564 821 000

Application received Date:

Application processed Date:

Customer Card No.:

Credit Account Authorised By:

Credit Account Limit: £

www.selcobw.com