



# Credit Application Form

## COMPANY DETAILS

Company Name

Trading Name *(if different)*

Company Full Address

Tel Number

Mobile

Email Address

Is your company: Partnership  Limited  Sole Partnership  Other

Date of Incorporation / Time Trading

Company Registration Number

VAT Registration Number

Parent Company Name

Parent Company Registration Number

Nature of Business

Number of Employees

Turnover

Date of last Year End

Invoice Full Address

Time at Address

Previous Full Address *(if less than 3 years)*

# **SOLE PROPRIETORS / PARTNERS / DIRECTORS**

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## **Sole Proprietors / Partners / Directors 1**

Name	Date of Birth
Tel Number	
Home Full Address	
Previous Full Address <i>(if less than 3 years)</i>	
Email Address	

## **Sole Proprietors / Partners / Directors 2**

Name	Date of Birth
Tel Number	
Home Full Address	
Previous Full Address <i>(if less than 3 years)</i>	
Email Address	

## **Sole Proprietors / Partners / Directors 3**

Name	Date of Birth
Tel Number	
Home Full Address	
Previous Full Address <i>(if less than 3 years)</i>	
Email Address	

**Have any of the principles / directors / partners / proprietors been involved in any kind of insolvency process (including but not limited to iva / cva / administration / or had a county court judgement registered against them? If yes then please give details:**

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## CREDIT APPLICATION DETAILS

Credit Limit Required

Accounts Contact

Contact Tel Number

Contact Email

Do you wish to receive electronic invoice / statement? YES  NO

Payments method: BACS  CASH  DIRECT DEBIT  CREDIT CARD

Have you had a previous account with us under a different name? YES  NO

Bank Name

Bank Full Address

Account Number

Sort Code

## TRADE REFERENCES

### Trade Reference 1

Name

Tel Number

Full Address

Email Address

### Trade Reference 2

Name

Tel Number

Full Address

Email Address

### Trade Reference 3

Name

Tel Number

Full Address

Email Address

## DECLARATION

By signing the agreement you confirm that payments will be made in full, 30 days from the end of the month of invoice.

Print Name

Position

Signature

Date

# PERSONAL GUARANTEE

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**To**

The Roofing Centre Ltd  
Unit 1 Pristine Business Park  
Newport Road  
Woburn Sands  
Milton Keynes  
MK17 8UD

**In consideration of you having supplied**

Name

Address of Company

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**Now I (Name)**

*Of (Home address)*

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**Agree that**

I shall be PERSONALLY LIABLE to The Roofing Centre Ltd, Unit 1, Pristine Business Park, Newport Road, Woburn Sands, Milton Keynes, MK17 8UD for the price of all goods that you may supply to the above named company and that my liability to you shall be in respect to the whole debt and which liability is unlimited.

This guarantee is a continuing guarantee, security and liability. Under it, shall not be affected by your giving time or any other indulgences to the company.

I RESERVE the right for myself or my personal representative by notice to revoke this guarantee at any time as to all future dealing by the company with you after the date of such notice.

**Date**

**Signature**

**Print Name**

**Witness Signature**

**Witness Name**

**Witness Address**

**Occupation**

**OFFICIAL USE ONLY:**

**Agreed Credit Limit:**

**Signed by:**