

Credit Account Application Form



St. Andrews House, Westfield Terrace,
Gateshead, Tyne & Wear. NE8 4LD
Tel: (0191) 478 5068
Fax: (0191) 490 1825

IF YOU ARE A LIMITED COMPANY	
Registered No	
Registered Office	

COMPANY NAME	
Name	
Address	
Postcode	
Tel No	
Fax No	
Contact Name	

We send all invoices and credits via email. Please provide a valid email address that would receive such mail:

TRADE REFERENCE (i)	
Name	
Address	
Postcode	
Tel No	

TRADE REFERENCE (ii)	
Name	
Address	
Postcode	
Tel No	

IF YOU ARE A PARTNERSHIP OR SOLE TRADER GIVE FULL NAMES AND ADDRESSES OF ALL PROPRIETORS OF THE BUSINESS	
1. Name	
Address	
2. Name	
Address	
3. Name	
Address	
4. Name	
Address	

BANKER'S NAME			
Address			
Tel No			
Sort Code		A/C No	
Credit Limit Required:	£		

I/We hereby apply for a Credit Account and confirm that:-

1. All particulars herein are correct to the best of my/our knowledge, info and belief.

2. I/We have read and understood the Conditions Of Sale, found on the D.P. Supplies Web Site or by specific request, and agree that all dealings with ourselves and D.P. Supplies shall be regulated thereby.

I/We have noted in particular that payment terms are 30 days nett from date of invoice and that title in any goods does not pass until all monies due on the account have been paid.

SIGNED	
NAME (CAPS)	
POSITION	
DATE	

DP Supplies is the registered trading name of Data Processing Supplies Ltd.