

DPF01



To:	_____
Co:	_____
Fax:	_____

Application For A Credit Account

Customer Name: _____

Trading Name: _____

Registered Address: _____

Address to which invoice/statement should be sent (if different from business address)

Trading Address: _____

Tel No: _____ Fax No: _____

Contact name: _____ Direct dial no: _____

E-mail: _____

Indicate type of business below :

Sole Trader Partnership Limited company (Co Reg No _____) Other (please specify)

If sole trader or partnership, full name and home address of principal trader/partners: _____

David Phillips Furniture Ltd

Units 26 – 32, London Industrial Park, Eastbury Road, Beckton, London, E6 6LP

Tel – 08451 088 088
Fax – 08451 088 089
accounts@davidphillips.co.uk

Company No. 3670521
VAT Registration No. 858 3229 00

Business activity (please specify) _____

Requested Credit Limit (exc vat): _____ VAT No: _____

Method of Payment :

Cheque Direct Debit BACS

Bank: _____

Address: _____

Sort Code: _____ Account No: _____

Trade References:

1. Name, Address, Telephone & Fax No: _____

2. Name, Address, Telephone & Fax No: _____

Terms & Conditions of Trade

1. Payment terms are 30 days net from date of invoice (unless stated otherwise on invoice).
2. Detailed terms of sale are set out at <http://www.davidphillips.com/terms-of-sale>. In particular, the title of goods supplied will not pass until all sums owed have been paid in full.
4. We reserve the right to charge interest on overdue invoices.

Declaration:

I/We wish to apply for credit facilities. I/We have read and agree to comply with the above terms and conditions.

Signature: _____ Print Name: _____

Title: _____ Date: _____