

# Application for a credit account

Please complete this form in BLOCK CAPITALS



## About you and your business

Company name																									
Trading name (if different from above)																									
Address 1																									
Address 2																									
Address 3																									
Address 4																									
City													County												
Postcode													Phone												
Are you a...	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Homeowner																					
If a limited company, please provide the following details:																									
Registered name																									
Registration no																									
Address of Registered Office																									
Does your business require order numbers or job references? If yes please specify																									
<input type="checkbox"/> No <input type="checkbox"/> Yes Order number: <input type="text"/>																									
Job ref: <input type="text"/>																									
Do you have any other accounts with us? If yes please include name of account or account number																									
<input type="checkbox"/> No <input type="checkbox"/> Yes A/C name/number <input type="text"/>																									
What is your expected spend with us per month? £ <input type="text"/>																									

## Names and home addresses if directors/partners/proprietors/individual account application

To be completed by proprietor, partner or director

Name																											
Home address																											
Postcode													Date of birth	<input type="text"/>	.	<input type="text"/>	.										
Phone													Mobile														

To be completed by second partner or director

Name																											
Home address																											
Postcode													Date of birth	<input type="text"/>	.	<input type="text"/>	.										
Phone													Mobile														



*please continue overleaf*

## Your contact information

<b>Contact 1 Name</b>																		
Job Title	<input type="checkbox"/> Administrator	<input type="checkbox"/> Accounts	<input type="checkbox"/> Estimator	<input type="checkbox"/> Buyer	<input type="checkbox"/> Foreman													
	<input type="checkbox"/> Site Manager	<input type="checkbox"/> Project Manager	<input type="checkbox"/> Quantity Surveyor	<input type="checkbox"/> Director/ Owner	<input type="checkbox"/> Homeowner													
Phone							Mobile											
Email																		
<b>Contact 2 Name</b>																		
Job Title	<input type="checkbox"/> Administrator	<input type="checkbox"/> Accounts	<input type="checkbox"/> Estimator	<input type="checkbox"/> Buyer	<input type="checkbox"/> Foreman													
	<input type="checkbox"/> Site Manager	<input type="checkbox"/> Project Manager	<input type="checkbox"/> Quantity Surveyor	<input type="checkbox"/> Director/ Owner	<input type="checkbox"/> Homeowner													
Phone							Mobile											
Email																		
Estimated monthly spend on materials £							Number of employees											
The main branch you intend to trade with																		

## Trade references Please provide names and addresses of two trade references for your business

Company name 1																		
Address																		
Postcode							Phone											
Email																		
Company name 2																		
Address																		
Postcode							Phone											
Email																		

## Banking details Please provide full details of your main account

Bank name																		
Bank address																		
Postcode							Phone											
Account number							Sort code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>						

*please continue overleaf*



## How you heard of us

<input type="checkbox"/> Newspaper/magazine advertising	<input type="checkbox"/> Social media	<input type="checkbox"/> Google/search engine	<input type="checkbox"/> Leaflet
<input type="checkbox"/> Referral/recommendation	<input type="checkbox"/> Email	<input type="checkbox"/> Event/trade show	<input type="checkbox"/> Billboard

## Business category

Please select a minimum of one category that is most relevant to your business

<input type="checkbox"/> Bathroom/Kitchen Installer	<input type="checkbox"/> Building Contractor (Domestic)	<input type="checkbox"/> Building Contractor (Commercial)
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Charities	<input type="checkbox"/> Decorator
<input type="checkbox"/> General Maintenance	<input type="checkbox"/> General Trades (e.g. Labourers)	<input type="checkbox"/> Groundworker/Civil Engineer
<input type="checkbox"/> Landscaper	<input type="checkbox"/> Self-Builder/Homeowner	<input type="checkbox"/> Loft Conversion
<input type="checkbox"/> Mechanical/Electrical	<input type="checkbox"/> Floor Screeder	<input type="checkbox"/> Plaster/Dry Liner
<input type="checkbox"/> Plumbing/Heating Engineer	<input type="checkbox"/> Property Developer	<input type="checkbox"/> Roofer

You will automatically receive invoices and statements by email in addition to information on competitions, special offers and free events. If you do not wish to receive them electronically, please tick the appropriate box:

<input type="checkbox"/> Email invoices and statements	<input type="checkbox"/> Email information on competitions, special offers and free events (no 3rd parties)
--	---

Please confirm that you have attached the following documents to this application – your account cannot be opened without them:

1. Copy of your trading letterhead
2. Recent council tax bill, utility bill, or bank/building society statement as proof of trading address

## Trading terms and conditions

By signing this application form you accept our trading terms and conditions which are attached to this application form and also available from <http://www.marlboroughbuildingsupplies.co.uk/about-us-building-supplies/>. By signing you accept that we will complete a credit check on the information you have provided above, which may include searches through credit reference agencies, who may record the search. Please check the form is completed in full to avoid delay in processing, sign below and return.

Signed	<input type="text"/>
Print name	<input type="text"/>
Job title	<input type="text"/>
Date	<input type="text"/>

For office use:

Rep code  Authorised by  Home branch

Comments/notes

