



Gillingham Gate,
Chatham Docks,
Chatham,
Kent.
ME4 4SW

Mobile Compactor Services Ltd

Tel: 01634 892440 Fax: 01634 893440 Mob: 07889 746085
Email: Info@mobilecompactorservices.co.uk

CREDIT ACCOUNT APPLICATION

FULL TRADING NAME OF APPLICANT

FULL TRADING NAME OF APPLICANT

£

PAYMENT METHOD

CHEQUE

CREDIT TRANSFER

SPECIAL PURCHASING PROCEDURES OR CONDITIONS

MONTHLY CREDIT REQUIRED

£

OTHER METHOD

AUTHORISED PURCHASERS

NAME AND TITLE

NAME AND TITLE

NAME AND TITLE

NAME AND TITLE

I/We the applicant request Mobile Compactor Services Limited (The Company) to open a credit account facility and hereby by all terms and conditions of the Company including those listed below, and hereby authorise Mobile Compactor Services to make enquiries to our credit standing as you consider necessary, and to check the bank and trade references we have supplied.

- 1) Payment to be received within 30 days from the date of the invoice
- 2) Amounts in excess of credit facility granted to be paid immediately
- 3) Queries to be notified a minimum of seven days before the due date. Otherwise invoices to be paid in full and on time
- 4) Interest at a rate of 2% per month to be paid on amounts outstanding.
- 5) Titles of goods remain with the seller until paid in full
- 6) In consideration of The Company extending credit to the applicant named above, the person signing this form hereby guarantees payments to The Company of all outstanding monies including amounts owed in excess of credit limit (see condition 2) and any interest applicable (see condition 4)
- 7) The above conditions must be accepted in their entirety in order for this application to be considered

I read, understood and want to be legally bound to the conditions detailed above.

AUTHORISED SIGNATORY

NAME (PLEASE PRINT)

DATE

TITLE

THIS SECTION IS FOR OFFICE USE ONLY

DATE ACCOUNT OPENED

ACCOUNT NUMBER

NOTES

CREDIT AUTHORISED

CREDIT AUTHORISED

CREDIT LIMIT

AUTHORISED BY

TITLE



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TO THE MANAGER OF

DATE

DEAR SIR / MADAM

CUSTOMER NAME:

ADDRESS

ACCOUNT NO

SORT CODE

We request your opinion as to the means and standing of the above business concern

Also their Trustworthiness in the way of business to the extent of

Please find below their consent for you to provide this information to us

CONSENT (to be completed by an authorised account signatory of the business subject to enquiry)

I

Of

Consent To

Providing a bank reference on my / our account (s) with you and I / We authorise
our bank to deduct such charges as may be appropriate

SIGNED

DATED

SIGNED

DATED

Mobile Compactor Services Ltd

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CREDIT ACCOUNT APPLICATION FORM

TRADING NAME

INVOICING ADDRESS

TEL NO

FAX NO

EMAIL

TYPE OF BUSINESS (please tick where appropriate)

REGISTERED COMPANY

PARTNERSHIP

SOLE TRADER

IF REGISTERED COMPANY ONLY (please complete this section)

ADDRESS OR REGISTERED OFFICE

COMPANY REGISTRATION

DATE ESTABLISHED

NAME OF ULTIMATE HOLDING COMPANY IF APPLICABLE

IF PARTNERSHIP / SOLE TRADER (complete this section)

NAME AND ADDRESS OF PRINCIPAL(S)

POSTCODE

POSTCODE

MAIN TRADING ACTIVITY

NUMBER OF EMPLOYEES

BANK REFERENCE

NAME OF BANK

ACCOUNT NO.

SORT CODE.

ADDRESS OF BANK

TRADE REFERENCES

SUPPLIER 1 – NAME AND ADDRESS

CONTACT NAME

TEL NO

PERIOD TRADED WITH SUPPLIER

SUPPLIER 2 – NAME AND ADDRESS

CONTACT NAME

TEL NO

PERIOD TRADED WITH SUPPLIER