



PROTRADE Tools & Fixings DEPOT

Application for Credit Facilities

1. FULL TRADING NAME _____

2. PLC/LTD/ PARTNERSHIP/ SOLE TRADER (please delete if not appropriate)

3. LIMITED COMPANIES/ PLC - REGISTERED OFFICE ADDRESS

POSTCODE _____

TEL _____ FAX _____

EMAIL _____ MOBILE _____

4. REGISTERED NO. _____ 5. DATE ESTABLISHED _____

6. PARENT COMPANY _____

7. NON LIMITED COMPANIES - STATE FULL NAME (S) & ADDRESS(ES) OF PROPRIETOR(S) & PREVIOUS ADDRESS IF MOVED WITHIN LAST 3 YEARS

POSTCODE _____ DATE OF BIRTH ____/____/____ POSTCODE _____ DATE OF BIRTH ____/____/____

TEL _____ FAX _____ TEL _____ FAX _____

8. ACCOUT CONTACT _____ 9. PURCHASING CONTACT _____

10. INVOICING ADDRESS (IF DIFFERENT FROM ABOVE) _____

TEL _____ FAX _____

DO YOU HAVE A STORES? _____ IS IT MANNED? _____

TOTAL CONSUMABLE SPEND PER MONTH _____ TOOL HIRE SPEND PER MONTH _____
(POWER TOOLS, HAND TOOL S, FIXINGS, FASTENINGS , CONSUMABLES ETC)

11. ESTIMATED NETT VALUE OF MONTHLY CREDIT REQUIRED _____

12. NATURE OF BUSINESS _____

13. NAME & ADDRESS OF BANKERS _____

SORT CODE _____ ACCOUNT NO. _____

14. NAME IN WHICH BANK ACCOUNT IS HELD (IF DIFFERENT FROM 1. ABOVE) _____

15. I /WE HEREBY APPLY FOR A CREDIT ACCOUNT TO BE OPENED IN MY/OUR NAME AND FULL Y ACKNOWLEDGE AND ACCEPT YOUR NETT MONTHLY TRADING TERMS AND YOUR CONDITIONS OF SALE AND HIRE. I /WE ALSO AUTHORISE DIPT LTD. TO CARRY OUT ANY NECESSARY CHECKS AND HOLD THE RESULTS ON FILE.

SIGNED _____ DATE _____

NAME & POSITION _____

ON BEHALF OF _____

NB: All accounting functions are centralised at Riverside Road, Pride Park, Derby, DE24 8HY and all payments, account queries etc. should be directed to this address in the first instance.

FOR INTERNAL USE	INSTIGATED BY _____
SALES REP CODE _____	TRADE TYPE CODE (SEGMENT) _____
ACCOUNT NUMBER _____	DATE OPENED _____
OPENED BY _____	CUSTOMER PRICE GROUP _____



BS EN ISO 9001:2008
CERTIFICATE NUMBER: FS 21107
CERTIFICATE DATE: 06/03/2010

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Registered in England No. 1378621

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