**APOLLO TRADE WINDOW STORE LIMITED**

APOLLO

TRADE WINDOW STORE

LOGO

**Units 1&2, 17 Pony Road**

**Horspath Industrial Estate**

**Oxford. OX4 2RD**

**CREDIT ACCOUNT APPLICATION FORM**

Please complete all sections and fax to us on 01865 775115 or post to the above address.

* **Limited Companies to complete sections 1, 3, 4, 5 and 6**
* **Sole Traders or Partnerships to complete sections 2, 3, 4, 5 and 6**

**PLEASE COMPLETE FORM IN BLOCK CAPITALS**

|  |  |  |  |  |  |  |  |  |  |
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| **1. LIMITED COMPANIES ONLY** | | | | | | PREFERRED  CREDIT LIMIT : | | | £ |
| COMPANY NAME : |  | | | | | | | | |
| ADDRESS OF REGISTERED OFFICE : | | | |  | | | | | |
|  | | | | | | | | | |
|  | | | | | POSTCODE : | | |  | |
| TELEPHONE NO : | |  | | | FAX NO : | | |  | |
| MOBILE NO : | |  | | | EMAIL ADDRESS : | | |  | |
| COMPANY REGISTRATION NO : | | |  | | | | YEAR ESTABLISHED : | |  |
| SIGNATURE :  (Director/Company Secretary) | | |  | | | | DATE : | |  |
| PRINT NAME : | | |  | | | | | | |

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| **2. SOLE TRADERS OR PARTNERSHIPS ONLY** | | | | | PREFERRED  CREDIT LIMIT : | | | £ |
| NAMES AND CONTACT NUMBER OF ALL PARTNERS/INDIVIDUALS : | | | | | | | | |
| NAME 1 (in full) : | |  | | | CONTACT NO : | |  | |
| NAME 2 (in full) : | |  | | | CONTACT NO : | |  | |
| NAME 3 (in full) : | |  | | | CONTACT NO : | |  | |
| INVOICING NAME AND ADDRESS : | | |  | | | | | |
|  | | | | | | | | |
|  | | | | POSTCODE : | |  | | |
| TELEPHONE NO : |  | | | FAX NO : | |  | | |
| MOBILE NO : |  | | | EMAIL ADDRESS : | |  | | |
|  |  | | |  | |  | | |

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| 1. **NATURE OF BUSINESS (tick where appropriate)** | | |
| * General Builder | * Property Developer | * Architect/Designer |
| * Window Specialist | * Conservatory Specialist | * Roofing Specialist |
| * Other (please state) : |  | |

|  |  |  |  |  |
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| 1. **TRADE REFERENCES - ONE MUST BE BUILDERS OR PLUMBERS MERCHANT** | | | | |
| 1. NAME : |  | | | |
| ADDRESS : |  | | | |
|  | | | POSTCODE : |  |
| TELEPHONE NUMBER : | |  | FAX NUMBER : |  |
| 2. NAME : |  | | | |
| ADDRESS : |  | | | |
|  | | | POSTCODE : |  |
| TELEPHONE NUMBER : | |  | FAX NUMBER : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5. BANK INFORMATION** | | | |
| BANK NAME : |  | | |
| ADDRESS : |  | | |
|  | | POST CODE : |  |
| ACCOUNT NUMBER : |  | SORT CODE : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **6. CONDITIONS OF SALE AGREEMENT** | | | |
| I/We hereby agree to abide by the Apollo Trade Window Store Ltd’s Terms and Conditions of Sale as detailed on the back page of this form and agree to respect the credit terms stated.  I/We understand that the ownership of goods purchased will not pass to me/us until the goods have been paid for.  I/We agree and understand that Apollo Trade Window Store Ltd is not obliged to accept this application nor to give any reason for refusing the same. No correspondence thereto shall be entered into.  Have you/the company/your partners/directors ever had a High Court or County Court Judgement against you/them for debt? YES / NO | | | |
| SIGNATURE : |  | PRINT NAME : |  |

|  |  |  |
| --- | --- | --- |
| OFFICE USE ONLY | | |
| AUTHORISED AND CHECKED BY : | |  |
| COMMENTS : |  | |