Application to Open a Credit Account JTP Non Ferrous Ltd

CONTACT INFORMATION		
Person responsible for pay	ment of account	
Name:		
Tel No:	Fax No:	
E-Mail:		

COMPANY INFORMATION	N		
Company Name:			
Address:		Tel No:	
		Fax No:	
		E-Mail:	
Post Code			
Date company established	:		
Company Registration Nur	nber:		
Registered Address if diffe	rent to above:		
Annual Turnover:			
Company VAT Number:			
Company EORI Number:			
Trading Type	Sole Proprietorsh	ip	
	Partnership		
	Ltd Company		
	Other		

BANK DETAILS		
Name:		
Address:		
Sort Code:	Account Number:	
Time with bank:		

CREDIT		
Request Credit Limt		
£		
Expected Spend		
£		

LEGAL
Is your company subject to any litigation ?
YES If yes, please explain below.
NO
Type of Litigation :

BUSINESS/TRADE REFERENCES
Please give two current trade referees
1. Company Name:
Address:
Post Code:
Tel No:
Fax:
E-Mail:
Contact Name:
2. Company Name:
Address:
Post Code:
Tel No:
Fax:
E-Mail:
Contact Name:
AGREEMENT
1. All invoices are to be paid within 30 days after the end of the month of the
invoice date.
2. Claim arising from invoices must be made within seven working days
3. Orders are placed subject to our terms and condtions which are enclosed
and also available on our website www.jtpnonferrous.co.uk
RETENTION OF TITLE
All goods remain the property of JTP Non Ferrous Ltd
until payment is received in full
I declare the above information is true, correct and complete and that I am
authorised to open a credit account by my company.
I agree to a full credit investigation via the trade and bank references supplied
as well as the use of any credit reports as supporting evidence.
I have read and agree to the terms and condtions attached with this application

Applicant -Duly Authorised Signatory

Signed:

Date:

Name:

Position

INTERNAL ACCOUNTS USE ONLY Director/Autho	rised Signatory sign off
Details Checked and Correct Y/N	
Amendment to Payment Terms : Y/N	
Terms:	
Added to SAGE and ERP Y/N	
Signed:	Date:
Name:	Position