



BLM Building Supplies

BLM Building Supplies
Crowborough Hill, Crowborough, East Sussex TN6 2EG
T: 01892 481533

CREDIT ACCOUNT APPLICATION FORM

BUSINESS / ACCOUNT HOLDERS DETAILS					
Company Name					
Name:					
Trading Name:					
Address:					
Registered Office Address: (If applicable)					
Registered Company No.:					
Telephone No.:		Fax No.:		Mobile No.:	
Email:*		Website Address:			
* PLEASE NOTE: Invoices / Statements will be sent via email unless instructed otherwise					
Please Supply two proofs of identity: (i.e.) Drivers Licence, most recent utility bill or Passport					
Previous Address (If less than 3 years)					
Ltd. Co / Sole Trader / Partnership					

DESCRIPTION OF BUSINESS			
Please select ONE only			
House Builder	<input type="checkbox"/>	General Builder	<input type="checkbox"/>
Loft Converter	<input type="checkbox"/>	Carpenter / Joiner	<input type="checkbox"/>
Landscaping / Paving	<input type="checkbox"/>	Plumber	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	Bricklayer	<input type="checkbox"/>
Self Build	<input type="checkbox"/>	Decorator	<input type="checkbox"/>
Other (Please specify)			

OTHER DETAILS			
House Builder	<input type="checkbox"/>	General Builder	<input type="checkbox"/>
Loft Converter	<input type="checkbox"/>	Carpenter / Joiner	<input type="checkbox"/>
Landscaping / Paving	<input type="checkbox"/>	Plumber	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	Bricklayer	<input type="checkbox"/>
Other (please specify):			

OTHER DETAILS					
Date Company/Partnership Formed:					
Payment Method (Please tick box)	BACS	Cheque	Cash	Debit Card	Credit Card **
Do you require official order Numbers?	Yes			No	
Do you require advice notes?	Yes			No	
If Yes, please give details:					
Total credit limit required:	£				

NAMES & ADDRESSES OF DIRECTORS / PARTNERS					
Name:				Date of Birth:	
Address:					
	Post Code:		Telephone No.:		
Driver's Licence No.:					
Name:				Date of Birth:	
Address:					
	Post Code:		Telephone No.:		
Driver's Licence No.:					
Have any of the principals been involved in Liquidation / Bankruptcy/ Receivership?				Yes	No

BANK DETAILS																
Bank Name & Address:																
Sort Code:			-			-			Account No.:							

Please see our Terms and Conditions on the pages to follow. Further copies are available upon request.

PERSONAL CREDIT GUARANTEE					
<p>To be completed by the Owner/Director/Company Secretary of the Company applying for credit. In consideration of your agreeing to supply goods to the applicant company on credit, we the undersigned being Owner/Director/Company Secretary of the applicant company jointly and severally guarantee payment of all the financial obligations of the applicant company to BLM Building Supplies. and its subsidiaries and successors including financial obligations arising from any increase in the credit limit granted by BLM Building Supplies. or its subsidiaries and successors from time to time following review of the applicant company's account.</p>					
Signature:		Date:		Signature:	Date:
Print Name:			Print Name:		
<p>I/We make this application to open a credit account and understand that your credit terms are that payment is due at the end of the month following month of supply and that if credit is granted I/We agree to pay in accordance with these terms. I/We have read and accepted your Terms and Conditions of Sale. (Separate document attached for your retention).</p>					
Applicant's Signature:			Date:		
Print Name:			Position:		

DATA PROTECTION

We will make a search with a Credit Reference Agency, which will keep a record of that search and will share that information with other businesses. In some instances we may also make a search on the personal file of principal Directors. Should it become necessary to review an account, then again a credit reference may be sought and a record kept. We will monitor and record information relating to your trade performance and such records will be made available to Credit Reference Agencies who will share that information with other businesses when assessing applications for credit and fraud prevention.

FOR OFFICIAL USE ONLY				
Date:		Proof Of Address:	Yes	No
Branch:		Credit Limit:		
Date Received:		Date Approved:		

Thank you for your application.

Please take a moment to check that your application form has been completed and that all relevant paperwork is attached. If you require any assistance, please do not hesitate to contact the office on: 01892 481533

We require copies of the documentation listed below, which must be sent with this completed form.

Please return the completed form together with the supporting documentation to:

BLM Building Supplies, Crowborough Hill, Crowborough, East Sussex TN6 2EG.

CHECK LIST	
Have you completed / enclosed the following?	
Completed All Sections Of Form	
Enclosed 3 Months Suppliers Statements	
Copy of Drivers Licence (Sole Traders / Partners)	
Copy of Most Recent Utility Bill (Sole Traders / Partners)	
Sample of Letter Headed Paper	
Signed & Dated Form	
Signed & Initialled Copy of Terms and Conditions	