Credit Account Application Form

Company Details

Company Name:		Company No:	
Trading Name: (If different)		Tel No:	
Invoice Address:		Mobile No:	
		SIC Code:	
		Credit Limit Required:	

Do you issue official order No.s?		Where did you hear about us?	

Key Contacts

Person responsible for placing orders:		Person responsible for accounts:	
Name:		Name:	
Direct No:		Direct No:	
Email Address:		Email Address:	

Waste Carrier Information

Waste Carrier Licence No:		Expiry Date:	

Marketing Preferences

We communicate with our customers via Email, SMS and WhattsApp and sometimes Post. We use your information to assess what we think you might be interested in and tailor what we send you so it is as relevant as possible. Please select the relevant boxes:

EMAIL	SMS	WHATTSAPP	POST
☐	☐	☐	☐

ONLINE ACCOUNT ACCESS

Would you like online access to be able to place orders via or website, view order history, and your account information?

YES NO

References

Company Name: | Company Name:

In processing your application for credit facilities, we make enquiries to credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to these agencies.

We wish to apply for credit facilities with your company and we have read your standard terms and conditions of trade attached. We accept your conditions of trade including your payment terms, which are strictly nett 30 days.

Please return complete and signed document to **accounts@budgetskips.net**

Signature:	Print:	Title:	Dated:
Signature:	Print:	Title:	Dated:

This application must be signed by a person duly authorised to do so, and in the case of corporate companies this must be a DIRECTOR, COMPANY SECRETARY or other person duly authorised by the company. The capacity of the signatory must be stated, i.e. DIRECTOR, COMPANY SECRETARY, MANAGER, OWNER or PARTNER, etc. In the case of partnerships ALL PARTNERS MUST SIGN.

If you have any queries please call: 02476363002

FOR OFFICE USE ONLY | Date received: | *ACCOUNT NUMBER*

Application successful: Yes: ☐ No: ☐ | Authorised by: | Date:

This application form is provided in good faith by Top Service Ltd, a specialist credit information credit control service provider for the construction industry. Any Accounts that remain overdue may be passed to Top Service Ltd for collection purposes.

PRIMARY TRADE	TICK	PRIMARY TRADE	TICK
General Builder		Leisure Industry	
Large Cotnractor		Builders Merchants	
Self Build		Authorities	
Civil Engineering		Painters & Decorators	
Roofing		Supplier	
Landscaping		Estate Agents	
Windows & Conservatories		Education (School, Academy, Colledge, Uni)	
Agricultural		OTHER (please list)	
Property Maintenance - Plastering, Joinery, Plumbing, Brick Layers, Electrical			