



**NEW ACCOUNT AND CREDIT APPLICATION
AND AGREEMENT TO TERMS AND CONDITIONS OF SUPPLY**

Please complete the in *BLOCK CAPITALS*

Any incomplete applications may be returned and therefore delay your application
All applications must be accompanied by your official company letter headed paper.

1 What is the nature of your Business?

Group 1	Group 2	Group 3	Group 4
<input type="checkbox"/> Merchant	<input type="checkbox"/> Fence Installer	<input type="checkbox"/> Building Contractor	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Distributor	<input type="checkbox"/> Groundworker	<input type="checkbox"/> General Builder	<input type="checkbox"/> Automotive/Marine
<input type="checkbox"/> Builders merchant	<input type="checkbox"/> Civil Engineer	<input type="checkbox"/> Carpenter/Joiner	<input type="checkbox"/> Leisure Industry
<input type="checkbox"/> Retailer	<input type="checkbox"/> Road builder/maintenance	<input type="checkbox"/> Self Builder	<input type="checkbox"/> Housing Association
	<input type="checkbox"/> Demolition	<input type="checkbox"/> Handyman	<input type="checkbox"/> Public Sector
	<input type="checkbox"/> Engineering	<input type="checkbox"/> Other Specialist Trade	
	<input type="checkbox"/> Plant/Tool Hire	_____	

2 Business/Trading Name:

Business/Trading Address: _____

Post Code: _____

Telephone No: _____ Fax No: _____

Main Contact email Address: _____

Mobile No: _____

Co. Registration No: _____ Date of Incorporation: _____

How long has your business been established? Years No of Employees Annual Turnover £

Previous Address: _____

(if less than 2 years at present address)

Post Code: _____

Type of Business: P.L.C Private Limited Co. Sole Trader Partnership LLP Other Please State

Anticipated monthly spend on materials: £ _____

Letterhead & proof of address enclosed with this application form:

Do you wish to receive statements/invoices by e-mail? Yes/No

If yes, E-mail Address: _____

Name and contact details of who deals with invoice queries and payments

Name: _____ Telephone No: _____

E-mail address: _____ Mobile No: _____

Do you wish all goods to be supplied against an official Order Number? Yes/No

Is the delivery address be different to the Business/Trading Address? Yes/No

Company name if different: _____

Address: _____

Post Code: _____

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Directors / Company Secretary / Sole Traders / Partners / Trustess

Full Name: _____
 Address: _____
 _____ Date of Birth: _____

Full Name: _____
 Address: _____
 _____ Date of Birth: _____

Full Name: _____
 Address: _____
 _____ Date of Birth: _____

4

Your Bank Detail: Please give full details of your main account

Bank Name _____
 Sort Code - - Account Number

5

Trade References

Company Name: _____ Telephone No: _____
 Company Address: _____

 _____ Post Code: _____

Company Name: _____ Telephone No: _____
 Company Address: _____

 _____ Post Code: _____

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Declaration

By signing below, each signatory confirms they have read and accept Moncaster Wire Products Ltd Terms & Conditions on behalf of the Customer and acknowledge and agree that the conditions (as modified, amended or updated by Moncaster from time to time) shall apply to the account and all sales of Moncaster Wire Products goods or services.

By signing below, each signatory also agrees the performance of all contracts with Moncaster by the Customer, including any financial obligations arising from the changes in the credit limit of the account made by Moncaster from time to time.

In the event of the failure or default, or non compliance with the conditions or the terms of contract, Moncaster has the right to proceed against the company or signatory personally. **Should be signed by a Director(s), partner(s), company secretary or proprietor of the business.**

Signed _____ Print Name: _____ Date: _____

Signed _____ Print Name: _____ Date: _____

Signed _____ Print Name: _____ Date: _____

Signed _____ Print Name: _____ Date: _____

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FOR MONCASTER WIRE PRODUCTS OFFICE USE ONLY

ACCOUNT NO: _____ SHORT NAME: _____
 INITIAL CREDIT LIMIT: £ _____ CREDIT TERMS: _____
 TERRITORY/REP: _____
 APPROVED BY: _____ DATE: _____