

# CREDIT ACCOUNT APPLICATION FORM



## PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

Retain a copy, including the Terms and Conditions of Sale, for your own records. Return the completed form to your local branch or Area Sales Manager, or to:

**Docherty Trade, Account Department, Unit 2, Junction 2 Ind. East., Oldbury, B69 4LT**  
**Tel:** 0121 555 6555 **Fax:** 0121 555 6727

## YOUR BUSINESS DETAILS

NAME:			
TRADING NAME (IF DIFFERENT):		VAT REGISTRATION NUMBER:	
TEL:	FAX:	WEBSITE:	
BUILDING NAME/NUMBER:			
STREET:			
TOWN:			
COUNTY:		POSTCODE:	
PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT PRESENT ADDRESS):			
			POSTCODE:
DESCRIPTION OF BUSINESS			
TRADING STYLE: (PLEASE TICK ONE)	<input type="checkbox"/> LIMITED COMPANY	<input type="checkbox"/> OR LLP	REGISTRATION NUMBER:
	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE TRADER	<input type="checkbox"/> OTHER
	PLEASE SPECIFY:		
YEAR ESTABLISHED:		NUMBER OF EMPLOYEES:	
<b>HAVE ANY OF THE DIRECTORS / PARTNERS / SOLE TRADER BEEN SUBJECT OF BANKRUPTCY, IVA OR HAD CCJS REGISTERED AGAINST THEM OR BEEN INVOLVED IN A BUSINESS SUBJECT TO LIQUIDATION, RECEIVERSHIP, ADMINISTRATION OR CVA?</b>			<input type="checkbox"/> YES (IF YES, PLEASE SPECIFY) <input type="checkbox"/> NO
HAS THE BUSINESS OR ANY OF THE DIRECTORS / PARTNERS / SOLE TRADER HELD A CREDIT ACCOUNT WITH H DOCHERTY LTD, MMF LTD OR INDEPENDENT COMPONENTS LTD, EITHER ON THEIR OWN ACCOUNT OR OTHERWISE?			<input type="checkbox"/> YES (IF YES, PLEASE SPECIFY) <input type="checkbox"/> NO
PRIMARY PAYMENT METHOD: (PLEASE TICK ONE)	<input type="checkbox"/> BACS	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CASH
	<input type="checkbox"/> DEBIT CARD	<input type="checkbox"/> CREDIT CARD	
PAYMENT CONTACT:		TEL:	EMAIL:
BUYING CONTACT:		TEL:	EMAIL:

## NAMES OF TWO TRADE REFERENCES

NAME:	
CREDIT LIMIT: £	TEL:

NAME:	
CREDIT LIMIT: £	TEL:

## YOUR BANK DETAILS - PLEASE GIVE DETAILS OF YOUR MAIN ACCOUNT

NAME:	SORT CODE:	ACCOUNT NUMBER:
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## NAMES AND HOME ADDRESSES OF DIRECTORS / PARTNERS / SOLE TRADER

NAME:	DATE OF BIRTH:	TEL:
ADDRESS		POSTCODE:

NAME:	DATE OF BIRTH:	TEL:
ADDRESS		POSTCODE:

NAME:	DATE OF BIRTH:	TEL:
ADDRESS		POSTCODE:

NAME:	DATE OF BIRTH:	TEL:
ADDRESS		POSTCODE:

NAME:	DATE OF BIRTH:	TEL:
ADDRESS		POSTCODE:

## PLEASE READ AND COMPLETE ALL SECTIONS OF THE APPLICATION BEFORE SIGNING BELOW

I/WE MAKE THIS APPLICATION TO OPEN A CREDIT ACCOUNT WITH DOCHERTY TRADE. I/WE UNDERSTAND THAT CREDIT TERMS ARE THAT PAYMENT IS DUE PROMPTLY AT THE OF THE MONTH FOLLOWING THE MONTH OF INVOICE AND THAT IF GRANTED CREDIT, I/WE AGREE TO PAY IN ACCORDANCE WITH THESE TERMS. I/WE ACKNOWLEDGE AND ACCEPT THE DOCHERTY TRADE TERMS AND CONDITIONS OF SALE.	
INITIAL CREDIT LIMIT REQUIRED:	POSTCODE:
SIGNATURE OF DIRECTOR/PARTNER/ SOLE TRADER:	
DATE:	PRINT NAME:
MAIN BRANCH WITH WHICH YOU INTEND TO TRADE:	

## 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 CREDIT 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 MAY BE MADE AVAILABLE TO CREDIT REFERENCE AGENCIES WHO WILL SHARE THAT INFORMATION WITH OTHER BUSINESSES WHEN ASSESSING APPLICATIONS FOR CREDIT AND FRAUD PREVENTION.

UNDER THE DATA PROTECTION ACT YOU HAVE THE RIGHT TO APPLY FOR A COPY OF THE INFORMATION WE HOLD ON YOU (FOR WHICH WE MAY CHARGE A SMALL FEE) AND TO CORRECT ANY INACCURACIES.

**T:** 0121 555 6789

**E:** sales@dochertytrade.co.uk

Unit 2 Demuth Way, Junction 2 Industrial Estate,  
Oldbury, West Midlands, B69 4LT

**DOCHERTYTRADE.CO.UK**