

Mid-Sussex Timber Co Ltd, Station Road, Forest Row, East Sussex, **RH18 5EL**
Tel: **01342 822 191** Fax: **01342 823052**

ISSUED BY: INTERNET

Thank you for your application. Please supply full and precise details in block capitals and return the completed form together with a copy of your letter heading to your local branch for validation.

Note:

As we now have credit insurance cover on our customers, we are obligated to alert our insurers if our customers are late in their payments. We therefore ask for prompt payment or reasons as to why payment has not received would be most appreciated.

Please also include a recent Utility Bill and Letterhead

I. General Company Information

TRADING NAME OF ACCOUNT:

DATE OF INCORPORATION/SET-UP:

FORMER NAMES OF THE COMPANY SINCE CORPORATION:

TRADING ADDRESS OF ACCOUNT:

POST CODE:

TELEPHONE NO:

FAX NO:

MOBILE NO:

WEBSITE:

EMAIL ADDRESS:

VAT NUMBER:

STRUCTURE OF COMPANY:

- Limited Company
 PLC
 Sole Trader
 Partnership
 DIY
 Other :
-

TYPE OF COMPANY (E.G. HOUSE BUILDERS, PLUMBERS ETC.) :

GIVE FORMER NAMES OF DIRECTORS AND CO. SECRETARIES WHO HAVE HELD OFFICE IN THE COMPANY IN THE LAST 3 YEARS.
PLEASE ALSO GIVE REASONS FOR THEIR RESIGNATIONS:

II. Bank Details

NAME OF BANK:

NAME OF ACCOUNT:

ACCOUNT NUMBER:

SORT CODE:

HOW LONG HAS THE A/C BEEN HELD?

III. Business Owner/Directors: 1

1. NAME:

HOME ADDRESS:

POST CODE:

TELEPHONE NO:

FAX NO:

HOME OWNER

TENANT

LENGTH OF BUSINESS OWNERSHIP:

OTHER BUSINESS INTERESTS:

IV. Business Owner/Directors: 2

2W. NAME:

HOME ADDRESS:

POST CODE:

TELEPHONE NO:

FAX NO:

HOME OWNER

TENANT

LENGTH OF BUSINESS OWNERSHIP:

OTHER BUSINESS INTERESTS:

**** Note : These companies will not give trade references - (Parker Building, Jewsons, Travis Perkins ****

V. Supplier Reference: 1

NOT PARKERS / JEWSONS / TRAVIS PERKINS / WOLSELEY / HOWDENS

NAME AND ADDRESS

POST CODE:

TELEPHONE NO:

FAX NO:

CONTACT NAME:

MAIN ACTIVITY:

CONTACT EMAIL ADDRESS:

VI. Supplier Reference: 2

NOT PARKER / JEWSONS / TRAVIS PERKINS / BUILD CENTRE / WOLSELEY / HOWDENS

NAME AND ADDRESS

POST CODE:

TELEPHONE NO:

FAX NO:

CONTACT NAME:

MAIN ACTIVITY:

CONTACT EMAIL ADDRESS:

VIII. Supplier Reference: 3

NOT PARKER / JEWSONS / TRAVIS PERKINS / BUILD CENTRE / WOLSELEY / HOWDENS

NAME AND ADDRESS

POST CODE:

TELEPHONE NO:

FAX NO:

CONTACT NAME:

MAIN ACTIVITY:

CONTACT EMAIL ADDRESS:

IX. Account Information and authorisation

PLEASE STATE AMOUNT OF CREDIT REQUIRED: £ _____ PER MONTH.

METHOD OF PAYMENT: BACS CHEQUE

TERMS, I.E. NORMAL PAY PERIOD FROM RECEIPT OF INVOICE:

NAME OF PERSON AUTHORISING APPLICATION:

**** A COMPANY LETTERHEAD AND RECENT UTILITY BILL (NO OLDER THAN 3 MONTHS) MUST BE ATTACHED TO THIS FORM ****

SIGNATURE:

PRINT NAME:

DATE

*** Important -**

Your Personal Information,
Credit decisions and also
the prevention of fraud and
money laundering

* We may use credit reference and fraud prevention agencies to help us make decisions. A short guide to what we do and how we and credit reference and fraud prevention agencies will use your information is detailed in the leaflet (on request) or a specific section of our website placed near our credit application form - (www.mstc.co.uk) You may also call us on **01342 822 191** and speak to a member of our finance staff. By confirming your agreement to proceed you are accepting that we may each use your information in this way.

FOR OFFICE USE ONLY

ACCOUNT NUMBER:

CREDIT LIMIT:

DISCOUNT:

SIGNED:

DATE OPENED: