

2-4 West Ways Garden, Croydon, Surrey CR0 8RA – Tel 0208 655 1144 Fax 0208 655 1700

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Date of Incorporation |  |
| Main Contact Name |  | 🞎 Sole Trader | Company Reg Number |
| Phone | Fax |  | 🞎 Partnership | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| E-mail |  | 🞎 Limited Company | Company Vat Number |
| Registered Company address |  | 🞎 Other – Please advise |  |

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
|  Company Address |  | Invoice Address (Postal) | Bank Name: |
| Delivery Address |  |  | Account No: Sort Code : |
| Contact Tel: |  | Email address for Invoices: |  |
| Fax |  | Direct Tel for Accounts: |  |
| E-mail |  |  |  |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone | Contact Name |
| Address |  |  E-mail |  |
| Company name |  | Phone | Contact Name |
| Address |  | E-mail |  |
| Company name |  | Phone | Contact Name |
| Address |  | E-mail |  |

# agreement

1. Full payment of all invoices are due within 30 days of the date of the invoice.
2. We understand and will exercise our statutory right to claim interest and compensation for debt recovery costs under the late payment legislation if we are not paid according to agreed terms.
3. Notification of queries and/or complaints must be notified to us at the above address verbally or in writing within seven (7) days of receipt of the goods or service and/or invoice: whichever is the latter.
4. Legal title of any goods supplied will not pass to the buyer until they have been paid for in full.
5. The sale of goods and/or services between the buyer and McAra Office Supplies shall be governed by English law.
6. We will make a search with a credit reference agency, which will keep a record of that search and will share the information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.
7. Credit facilities will be withdrawn on overdue accounts.
8. We reserve the right to refuse or restrict an application without giving a reason.

# SIGNATURES

|  |
| --- |
| *We agree that we have read and accept the standard terms and conditions. This form must only be signed by a director / partner / proprietor or an individual with the express authority to sign.* |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |

Once completed, please send via the above fax number or please scan and email to**sales@mcara.co.uk** – Thank you