

Application for Credit Account



CONTACT DETAILS FOR MARKETING PURPOSES	
BUYER:	
EMAIL ADDRESS:	
TELEPHONE NO:	
MOBILE NO:	

From time to time, we would like to use the information we collect from you to inform you about our promotions and new products that we think may be of interest to you. If you do not wish to receive these marketing communications please tick the box below.

I would not like to receive communications from Pentagon

CURRENT TRADE REFERENCES (PLEASE SUPPLY TWO TRADE REFERENCES)	
NAME:	NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
EMAIL ADDRESS:	EMAIL ADDRESS:

Data Protection & Money Laundering (Fair Processing) Notice:

We will use the information collated on this form to make a search with Credit reference agencies to assess your credit worthiness. The Credit reference agency may make a record of that search. We may also make a search on the personal credit file of all principal directors/proprietors for the purposes of this application. This may include a search on your current address and any previous addresses in the last three years.

For the purposes of credit referencing, fraud prevention and money laundering regulations we may also share your account information and trade payment performance with other carefully selected third parties such as credit reference agencies. Should it become necessary for us to review your account, then again a credit reference agency search may be conducted and a record kept of that search. By signing this application form you confirm to us that you have obtained the consent of all relevant individuals associated with the above business to the processing of their personal data for the reasons stated above.

You have the right to ask for a copy of information relating to you that is held by us in our records (in return for a small fee). You also have the right to require us to correct any inaccuracies in any information held by us about you and you may object to your details being used for direct marketing purposes.

Declaration: By signing this agreement you confirm that you have read, understood and accept our standard terms and conditions of sale as attached and you accept that in consideration of our agreement to supply goods to the applicant company on credit terms you the undersigned being directors/proprietors and authorised representative(s) of the applicant company agree jointly and severally to guarantee payment of all the financial obligations due to us including any financial obligations arising from any changes in credit limit made to the credit account granted by us from time to time. I/we accept an interest charge of 2% per month on overdue accounts, minimum charge £5.00.

SIGNED:	SIGNED:	SIGNED:
NAME (please print):	NAME (please print):	NAME (please print):
POSITION:	POSITION:	POSITION:
DATE:	DATE:	DATE:

HEAD OFFICE USE ONLY	
SALESPERSON:	
BRANCH CODE:	CUSTOMER CATEGORY:
PREVIOUS CASH SALE CUSTOMER Y/N:	
MANAGERS SIGNATURE:	
COMMENTS:	
Please return this form to: Accounts Department, Pentagon House, La Rue Sinatt, Rue des Pres Trading Estate, St Saviour JE2 7QT	

CREDIT SERVICES USE ONLY	
CREDIT LIMIT APPROVED	
AUTHORISATION	
DATE:	TERMS:
ACCOUNT NO:	
AUTHORISATION NOTES:	

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PLEASE COMPLETE IN BLOCK CAPITALS IN BLACK INK AND ATTACH LETTERHEAD OR OFFICIAL PURCHASE ORDER



COMPANY DETAILS	
COMPANY NAME/LEGAL ENTITY:	
TRADING NAME IF DIFFERENT:	
IS YOUR COMPANY A: PRIVATE INDIVIDUAL <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED COMPANY <input type="checkbox"/> OTHER <input type="checkbox"/> (PLEASE SPECIFY BELOW)	
DATE OF INCORPORATION / TIME TRADING:	
COMPANY REGISTRATION NO:	
GST REGISTRATION NO:	
NATURE OF BUSINESS:	
STATEMENT / INVOICE ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
MOBILE NO:	
EMAIL ADDRESS:	
LENGTH OF TIME AT THIS ADDRESS:	
PREVIOUS ADDRESS, IF LESS THAN 3 YEARS AT PRESENT ADDRESS:	
TRADING ADDRESS (IF DIFFERENT FROM ABOVE):	
CREDIT APPLICATION DETAILS	
CREDIT LIMIT REQUIRED:	
ACCOUNTS CONTACT:	
DO YOU WISH TO ACCEPT ELECTRONIC INVOICES AND STATEMENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMAIL ADDRESS:	
PAYMENT METHOD:	HAVE YOU HAD AN ACCOUNT WITH US PREVIOUSLY? IF YES, UNDER WHAT NAME?
BACS <input type="checkbox"/>	
CHEQUE <input type="checkbox"/>	
CASH <input type="checkbox"/>	
CREDIT CARD <input type="checkbox"/>	

SOLE PROPRIETORS / PARTNERS / PRIVATE / DIRECTORS DETAILS	
NAME:	D.O.B:
HOME ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
MOBILE NO:	
PREVIOUS ADDRESS IF LESS THAN 3 YEARS AT PRESENT ADDRESS:	
IS THIS PROPERTY RENTED <input type="checkbox"/> OWNED <input type="checkbox"/>	
NAME:	D.O.B:
HOME ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
MOBILE NO:	
PREVIOUS ADDRESS IF LESS THAN 3 YEARS AT PRESENT ADDRESS:	
IS THIS PROPERTY RENTED <input type="checkbox"/> OWNED <input type="checkbox"/>	
NAME:	D.O.B:
HOME ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
MOBILE NO:	
PREVIOUS ADDRESS IF LESS THAN 3 YEARS AT PRESENT ADDRESS:	
IS THIS PROPERTY RENTED <input type="checkbox"/> OWNED <input type="checkbox"/>	
HAVE ANY OF THE PRINCIPALS/DIRECTORS/PARTNERS/PROPRIETORS BEEN INVOLVED IN ANY KIND OF INSOLVENCY PROCESS (INCLUDING BUT NOT LIMITED TO IVA/CVA/ADMINISTRATION) OR HAD A COUNTY COURT JUDGEMENT REGISTERED AGAINST THEM? IF YES THEN PLEASE GIVE DETAILS:	
BANK DETAILS	
BANK NAME:	
ADDRESS & POSTCODE:	
SORT CODE:	
BANK ACCOUNT NO:	

Directors:

Richard Springett, Marlon Beauzeval, Paul Elson, Deborah Lawton, Chris Le Feuvre, Michael G. Hocquard