Application for Credit Facilities

Section A
Customers Details

Tippings Farm, Lyndale Av
Wilpshire
Lancashire BB1 9LP
Tel: 0845 058 2320
Fax: 0845 058 2320
accounts@healthcare-europe.co.uk

1. Full Company Name and Address of Ltd Company (*Please also state trading title if different):-*

2. Company Registration Number **:-**

3. Proprietor/ Partner(s)- Unlimited Companies :-

   Trading Title :-

   Home Address(s) :-

   For more than 1 Partner, please attach a separate list of Names and Addresses.

4. Number of years actively trading :-

   Length of Ownership of Business :-

5. Wholesale Dealers Licence Number :-

6. Approximate number of Employees :-

7. Name and Address of Parent Company :-

8. Address to which invoices should be sent (*include post code*) :-

   Contact: - Tel **:-**

10. Address to which goods are to be delivered (*include post code) :-*

    Contact :- Tel :-

11. Address to which statements should be sent

    Contact: - Tel **:-**

12. Address from which payments will be made *(include post code) :-*

    Contact: - Tel **:-**

13. Monthly credit limit required :-

14. Are you a (Delete as appropriate)
    Private Organisation

15. **Business Type** – Please tick the type of Business that you are involved in?

Trader/Retailer	Hospital
Wholesaler/Distributor	Clinic
Internet Trader	Care Home
Chemist Wholesale	Chemist Retail
Charity	Dentist
School	Non Profit Organisation
Further Education	IHP Member

A sample order form or official letter heading **must** accompany this application. **PTO**

Section B – References

1. Name and Address of Bankers Account Number :-	2. Name and Address of First Trade Reference
NOTE Trade references should not be from individuals of Companies associated with the applicant or its Officers or Directors.	3. Name and Address of Second Trade Reference

Section C – Terms

In addition to the standard terms of supply, we draw your attention to the following clauses :-

1. All Invoices are payable within 30 days of the daye of the invoice. Any balance not paid by settlement date may be subject to interest at 2% per month
2. Credit facilities will be withdrawn and legal action taken, if necessary, to recover all moneys due to Healthcare Europe Ltd.
3. Queries and disputes concerning invoices should be notified immediately to our Accounts Department in writing.
4. Legal title to the goods shall not pass to the customer until all sums due or payable by the customer to the company have been received by Healthcare Europe Ltd.

Declaration *(To be signed by Director, Company Secretary, all Partners or Sole Trader).*

In applying for credit facilities we agree to the terms offered by the Company. I / We have read the terms and conditions and should the account facilities be granted, agree to comply with them.

Signed :- Position :- Date:-

Office Use Only.

Customer Number :- Credit Limit :-

Customer Type :- Date :-