

CREDIT ACCOUNT APPLICATION FORM

To open a credit account complete the application form using **black ink and block capitals**.

<p>1) Full Company Name</p> <p>.....</p>
<p>2) Delivery Address (we will send invoices here)</p> <p>.....</p> <p>Town/City</p> <p>County Postcode</p> <p>Accounts contact name Telephone.....</p> <p>Email</p> <p>Please note that as part of our environmental policy, we send out our invoices out as emailed PDFs unless requested not to. Please ensure the email address is suitable.</p>
<p>3) Statement Address (if same as above, please specify)</p> <p>.....</p> <p>Town/City</p> <p>County Postcode</p>
<p>4) Is your company Ltd or Plc? (please tick)</p> <p>Yes <input type="checkbox"/> Please go to section 7 No <input type="checkbox"/> Please go to section 5</p> <p>If Yes please attach a copy of your companies letterhead and go to section 7 If no please go to section 5</p>
<p>5) If your company is not Ltd or Plc is the address you have given:</p> <p>Your home address? <input type="checkbox"/> Rented premises <input type="checkbox"/> A yard <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....</p> <p>How many years have you been trading at this address?</p> <p>If less than 3 years, what was your previous address?</p> <p>.....</p> <p>Town/City</p> <p>County Postcode <i>Continued...</i></p>

<p>Names of Partner(s)</p> <p>1)</p> <p>2)</p>
<p>7) Business Activity (please specify)</p> <p>.....</p> <p>.....</p>
<p>8) Method of Payment (Please Tick)</p> <p>Cheque <input type="checkbox"/> Direct Debit <input type="checkbox"/> BACS <input type="checkbox"/> Other <input type="checkbox"/> Please specify</p>
<p>9) Bank Details</p> <p>Account Name.....</p> <p>Name of Bank.....</p> <p>Address of Bank.....</p> <p>Sort Code..... Account Number.....</p> <p>We reserve the right to conduct a credit check on limited companies prior to opening an account on your behalf. If you are NOT a limited company, please sign here to give your permission for us to carry out a credit check.</p> <p style="text-align: right; font-size: 2em; margin-right: 50px;">X</p> <p>Signature</p>
<p>10) Special Instructions</p> <p>Will you supply a Purchase Order Number to us when ordering?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Is there anything else you want to make us aware of?</p> <p>.....</p>
<p>11) Marketing Contact</p> <p>Please complete if you want to receive our newsletter and other marketing material which will keep you up to date with new courses, course dates, special offers (many of which are only available to newsletter subscribers) and other Health and Safety news.</p> <p>Name Job Title</p> <p>Telephone Email</p> <p style="text-align: right;"><i>Continued...</i></p>

12) Guarantee

"I (the undersigned) authorise you to take up references at any time from the above sources. (The Training Societi Ltd will make searches with a credit reference agency, who will keep a record of those searches and will share that information with other businesses.) The Training Societi Ltd also may make enquires about the principle director(s) with a credit reference agency. I (the undersigned) agree that all transactions entered into by my company shall be subject to the Terms and Conditions of The Training Societi Ltd (see our website www.thetrainingsocieti.co.uk). I shall ensure The Training Societi Ltd is notified in writing if any changes are made to my company including change of address, change of company title and close of account). I shall make full settlement of all monies due within 30 days from the date of The Training Societi Ltd 's invoice and I have answered all the questions on this application form truly and fully. I hereby, personally guarantee payment in respect of all sums due from my company to The Training Societi Ltd, together with any ancillary costs incurred. I have retained a copy of this form for my records."

Signature of **Director or Proprietor** **X**

Date Full name

Position within the company.....

Checklist

Section 9 is signed (if applicable)

Section 12 is signed

Copy taken for your records

Post to **"New Accounts," The Training Societi Ltd, 1 Riverside Business Centre, St Annes, Bristol, BS4 4ED** (we can only accept original forms).

Once we receive your form we will:

Carry out the necessary credit checks and then write to you confirming your account number, payment terms and level of credit.

Office Use Only	New account <input type="checkbox"/> Change of address <input type="checkbox"/> Close account <input type="checkbox"/> Change of title <input type="checkbox"/>
	Date received Acknowledgement sent <input type="checkbox"/> Date sent.....
	Add to Administrate, Account number <input type="checkbox"/> Marketing Contact <input type="checkbox"/>