James E. Smith (Timber) Limited
Soho Pool Way, Park Road, Hockley
BIRMINGHAM
B18 5JA

Timber & Sheet Material Importers

Tel.No. 0121 523 2261 **www.jestimber.co.uk** **Fax No. 0121 554 3875**

APPLICATION FOR A CREDIT FACILITY

ACCOUNT NAME:……

ADDRESS: ……

……

TELEPHONE NO: ……..…….…….. FAX……

MOBILE No. ..... **Website…..**.....

Email address to send Invoices: .....**Statements**.....

STYLE OF ORGANISATION: * **Limited Company / Sole Trader / Partnership / Public Service / Charity * Delete as appropriate.**

VAT REGISTRATION No: …….. **IF LIMITED, COMPANY REGISTRATION No**: ……

IF A SOLE TRADER / PARTNERSHIP, PLEASE GIVE FULL NAME(S), HOME ADDRESS(S) AND TELEPHONE NO.

FULL NAME(S)……..…

HOME ADDRESS(S) ……

……..…....

HOME TEL NO: ……

NATURE OF BUSINESS: …… DATE TRADE COMMENCED……

CREDIT LIMIT APPLIED FOR £ ……. **This credit limit reflects the maximum amount of credit allowed at any one time.**

BANK ……..... Sort Code:- ..... Account No ……

	TRADE REFERENCE 1	TRADE REFERENCE 2
FULL TRADING NAME	…….	…….
	…….	…….
	Tel. No. …….	Tel. No. …….

I confirm that I have read and accept the terms and conditions of sale detailed overleaf. I understand that all orders will be placed on those terms (or any terms later adopted by you and notified to me in writing).

I confirm that the information given in this application for a credit facility is in all respects true and accurate.

Data Protection Act 1998 Notice
Words shown in *italics* are defined in the Data Protection Act 1998 ("the Act").

Where I provide you with *personal data* ("data"), I understand that the data will be held securely, in confidence and *processed* for the purpose of carrying out your {insert description of Supplier trading activity} business and associated activities ("Activities"). In considering my application, I accept that you may consult with and disclose the data to credit reference agencies, banks, credit insurers and other responsible organisations outside your business that you have nominated ("third parties"), and that such third parties may process the data. I understand that under the Act I have a right to know what data you hold on me if I apply to you in writing and pay the applicable fee.

AUTHORISED SIGNATURE OF DIRECTOR / COMPANY SECRETARY / OWNER: ……

NAME IN BLOCK CAPITALS ……POSITION……..……DATE……..

Please enclose a copy of your current letterhead with this application form.