Credit account Application form



Please complete this form using BLOCK CAPITALS and attach your company letterhead, once complete please return this form to the accounts department at MCD.

|  |
| --- |
| **Company Details** |
| Full Registered Name |  |
| Registered Address |  |
|  |
| Trading Name |  |
| Date of Incorporation |  |
| Company Type |  |
| Company & Vat Registration Numbers |  |  |
| Financial Year |  |
| Main Business Activity |  |
| **Owners Details (sole Traders & partnerships only)** |
| 1.Full Name |  |
| Home Address |  |
| Telephone Number | MOB: | OFFICE: |
| 2.Full Name |  |
| Home Address |  |
|  |
| Telephone Number | MOB: | OFFICE: |
| **Previous Trading company** |
| Full Registered Name |  |  |
| Registered Address |  |
|  |
| **Company Contact Details** |
| Main Line Telephone Number |  |
| Contact Email Address (2) |  |  |
| **Account Request** |
| Account Type i.e. pro forma/30 days |  |
| Estimated monthly credit required |  |
| Payment method |  |
| **Bank Account Information** |
| 1.Bank name 2. Date account opened | 1. | 2. |
| Bank Address and Postcode |  |
|  |
| 1.Sort Code 2. Account number | 1. | 2. |
| **Company Procedures** |
| Specific date Invoices to be received. |  |
| Specific payment run date per month |  |

|  |
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| **Company Contacts** |
| **Business owner/Director** |
| 1.Full Name |  |
| Home Address |  |
|  |
| Telephone Number | MOB: | OFFICE: |
|  |
| **Finance Director/Manager** |
|  |
| 1.Full Name |  |
| Home Address |  |
|  |
| Telephone Number | MOB: | OFFICE: |
|  |
| **Account Manager/Buyer/surveyor** |
|  |
| 1.Full Name |  |
| Home Address |  |
|  |
| Telephone Number | MOB: | OFFICE: |
|  |
| Please advise who is responsible for authorising invoices i.e. Director/accounts/Buyer |
|  |
| Please advise who invoices & statements should be sent to |
|  |
| Trade references |
| Company Name |  |
| Address |  |
|  |
| Length of time trading with |  |
| Contact Name |  |
| 1.contact number 2. email |  |  |
|  |
| Company Name |  |  |
| Address |  |  |
|  |  |  |
| Length of time trading with |  |  |
| Contact Name |  |  |
| 1.contact number 2. email |  |  |
|  |

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| **Declaration by Applicant** |
| I/We hereby request MCD to commence application processI/We being an authorised signatory of this organisation, agree to MCD terms and conditions of sale and that our adherence to this obligation is the essence of the contract between us. If for a period or two months an account has not been settled by the due date, the convenience of Account Credit Facilities may be removed, and you will be supplied on a pro-forma or cash on delivery basis until a satisfactory trading pattern has been renewed. Should you not use the account or utilise the credit limit MCD Ltd retains the right to review and if necessary reduce the credit limit without prior notice. |
|  |
| **Credit form completed by;** |
|  |
| Name & Sign |  |  |
| Date |  |
|  |
| **Account Authorised by; (Must be company Director or owner)** |
| Name & Sign |  |  |
| Date |  |
|  |

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| --- |
| MCD USE ONLY |
| Client Form Received Date |  |
| Underwriter response date |  |
| Company House check Date |  |
| Processed by/Date |  |  |
| Date added to access |  |
| Director Authorisation |  |
|  |