



HUMBER MERCHANTS LTD

PO BOX 13, PARKINSON AVENUE, SCUNTHORPE, NORTH LINCOLNSHIRE. DN15 7NA

TEL: 01724 860331 - FAX: 01724 281326

Also at: IMMINGHAM, DONCASTER & INDUSTRIAL SUPPLIES (HULL) LTD

web: www.humbermerchants.co.uk

E-mail: accounth@humbermerchants.co.uk

BUILDERS AND PLUMBERS MERCHANTS – INDUSTRIAL SUPPLIERS – TOOL SPECIALISTS – PROTECTIVE CLOTHING AND FOOTWEAR – ARCHITECTURAL IRONMONGERY

Date: / /

APPLICATION FOR A CREDIT ACCOUNT

REF: /

Name		Nature of Business: (e.g. Builder, Engineer)

Tel No:	Fax No:	Accounts Contact:
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Can we e-mail your Invoices and Statements to you? Yes / no (circle your choice)
If yes, please enter the e-mail address to use here:

Constitution (Please tick)	Sole Trader	Partnership	Limited Company
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Full Name & Address of all Partners and Directors.	1)	2)	3)	4)

Sole Trader & Partnerships only	Date of Birth	Date of Birth	Date of Birth	Date of Birth
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If Limited Company please state	Registered No:	Address of Registered Office:
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Amount of Credit Required	£	Do you want your advice notes to be priced? Yes / no (circle your choice)	Do you want an order reference to be quoted? Yes / no (circle your choice)
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Trade References Please note a minimum 12 months trading history with the referees is required. E-Mail Address (if known)	1	2

Bank Details	Name:	
	Address:	
	Sort code: - -	Account No:

In processing your application we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, debt collection, and for tracing and fraud prevention. I the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms, and that I understand the terms and conditions of sale as stated by Humber Merchants, and I personally guarantee jointly and severally to indemnify you for any amount outstanding on the said account in the event of none payment by the company, in whose name such credit is sought.

SIGN _____ PRINT _____ Proprietor / Partner / Director (delete as appropriate)

FOR HUMBER MERCHANTS USE ONLY.		BY	RECEIVED	
REFERENCE 1:				ACCOUNT NUMBER
REFERENCE 2:				LETTER
BANK				SPECIAL REQ'S. NOTED
RECOMMEND				
APPROVED			DATE	
OTHER NOTES				

Please return completed form to:

Accounts Dept.
Humber Merchants Ltd
PO Box 13
Parkinson Avenue
Scunthorpe
North Lincolnshire
DN15 7NA

Or alternatively Fax to: 01724 281326

Or e-mail to: accounth@humbermerchants.co.uk