



MICHAEL PAVIS

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CREDIT ACCOUNT APPLICATION FORM & AGREEMENT TO TERMS & CONDITIONS

Please complete form in **BLOCK CAPITALS**.

All applications must be accompanied by your official letter headed paper.

Company Information	
FULL TRADING TITLE:	VAT NUMBER:
LIMITED COMPANY / NON LIMITED COMPANY <i>(Please Circle)</i>	COMPANY REG'D NUMBER:
HOW LONG TRADING:	GAS-SAFE NUMBER:
AMOUNT OF CREDIT REQUESTED £:	ANTICIPATED MONTHLY SPEND £:

Contact Details	
TRADING ADDRESS:	REGISTERED OFFICE: (If different)
PURCHASING CONTACT:	ACCOUNT CONTACT:
PHONE NUMBER:	PHONE NUMBER:
EMAIL:	EMAIL:
WEB ADDRESS:	

Directors / Proprietors Details		
NAME:	DATE OF BIRTH:	ADDRESS:
NAME:	DATE OF BIRTH:	ADDRESS:
NAME:	DATE OF BIRTH:	ADDRESS:

Please circle the answers below.

Directors / Proprietors Declaration		
ARE ANY OF THE DIRECTORS, OWNERS OR PARTNERS A DISCHARGED OR UNDISCHARGED BANKRUPT?	Yes	No
HAVE ANY OF THE DIRECTORS BEEN INVOLVED IN A PREVIOUS LIQUIDATION OR RECEIVERSHIP?	Yes	No
IF YOU HAVE ANSWERED YES, PLEASE GIVE DETAILS:		

Bank Details	
NAME:	ADDRESS:
SORT CODE:	
ACCOUNT NUMBER:	

Please circle the answer below.

PREFERRED PAYMENT METHOD:	<i>Cheque</i>	<i>Bacs</i>	<i>Debit Card</i>
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Please circle the answers below.

HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES & CREDIT NOTES?	<i>Email</i>	<i>Post</i>	<i>Both</i>
HOW WOULD YOU LIKE TO RECEIVE YOUR STATEMENTS?	<i>Email</i>	<i>Post</i>	<i>Both</i>

Trade References - Please Provide TWO Trade References

NAME:	NAME:
ADDRESS:	ADDRESS:
CONTACT:	CONTACT:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:
CREDIT LIMIT £:	CREDIT LIMIT £:

Acceptance of Terms & Conditions (Please retain the conditions of sale for your records)

By signing this application form, I hereby acknowledge receipt of, and full acceptance of, the Conditions of Sale of UK Plumbing Supplies Ltd t/a Michael Pavis. I authorise UK Plumbing Supplies Ltd t/a Michael Pavis to make a search through credit reference agencies in order to ascertain status and credit worthiness. I agree such searches may also collate information relating to directors, persons with significant control, and partners. I also acknowledge that this information may be shared with other businesses. We will always treat your personal details with the utmost care and will never sell them to other companies for marketing purposes.

PRINT FULL NAME:	POSITION IN COMPANY:
SIGNED:	DATE:

This application must be HAND signed by a director, a partner, or a person with significant control.

Please circle ONE answer below.

Contact Permission

Yes	Yes please, I would like to hear about products, events and special offers
No	No thank you, I do not want to hear about products events and special offers