

CREDIT ACCOUNT APPLICATION FORM

All sections must be completed in full using BLOCK CAPITALS



OSTOMED
HEALTHCARE

Limited Companies please complete the following:			
Full trading title			
Ultimate holding company			
Company registration no.		Year of formation	
Registered address			

Sole Trader / Partnerships please complete the following:			
Your full name		Your date of birth	
Your home address			
Your postcode		Your Telephone No.	
<i>Business partner details:</i>			
<i>Full name</i>		<i>Date of birth</i>	
<i>Home address</i>			
<i>Postcode</i>		<i>Telephone number</i>	

Additional Information			
Invoice address			
Statement Address <i>if different from above</i>			
Delivery address <i>if different from above</i>			
Are we to accept orders without order numbers?	YES / NO		
Accounts Tel no.		Account Fax no.	
Accounts Contact			
Orders Tel. No.		Orders Fax no.	
Orders Contact			
VAT registration number			
RPS GB Number			

Bank Details			
Name of bank			
Address			
Account No.		Sort Code	

Please give details of two trade referees:	
Name 1	
Address & postcode 1	
Telephone no. 1	
Fax no. 1	
Name 2	
Address & postcode 2	
Telephone no. 2	
Fax no. 2	

Your credit requirements				
Estimated monthly credit required (<i>please tick</i>)	£500	£1000	£5000	Over

I have read and understood the terms and conditions, and I am authorised to open a credit account on behalf of the company.		
Signature		
Print name		
Position		
Telephone		
Email		
Response to application to be sent to (<i>please tick</i>)	Invoice address	Statement address

DATA PROTECTION: Please note that we may make a search with a credit reference agency. Such agencies will keep a record of that search and will share that information with other businesses. In respect of applications for Limited companies we may also make enquiries about the principal directors with a credit reference agency, by submitting this form you are giving us permission to make these enquiries. In line with current GDPR regulations any information provided will be treated as confidential and used for the purpose of account application only. A copy of our Privacy Policy is available on request.

Office Use			
Date Submitted		Rep	HO
Start Date		Van Route	
Line Discount		Agency Account	
Payment Day		Approved by	