

BANK DETAILS – (FULL ADDRESS NEEDED)

Bank Name

Address

Sort Code:.....Account No:.....

TRADE REFERENCES

1.

Tel No:.....Fax No:.....Contact Name.....

2.

Tel No:.....Fax No:.....Contact Name.....

PRINCIPAL ACTIVITY/IES

(tick all that apply)

- | | |
|----------------------|---------------------------------|
| Flat Roofing | Building Contractor |
| Slating and Tiling | Loft Convertor |
| Industrial Sheeting | Leadworker (plumber) |
| General Roofing Work | Local Authority/Government Dept |
| Merchant | Other (please state) |

Annual Turnover £.....Estimated Monthly Purchases £.....

No of years trading Total Credit Limit Required £.....

I/We confirm that the information given herein is true and accurate, and agree to Skyline Roofing Centres taking up such references as they feel appropriate in support of this application. I/We have read and agree to the Terms and Conditions of Sale of Skyline Roofing Centres. In particular I/We agree to settle all accounts by the last day of the month following month of invoice, and understand that failure to do so will result in credit facilities being withdrawn and interest charges made.

Signed..... Position

Print Name..... Date

COMBINED STATUS ENQUIRY AND CONSENT FORM

1. ENQUIRY

To The Manager

Bank

Address

.....

.....

Sort Code **Account No**

We, Skyline Roofing Centres, request your opinion as to the means and standing of your customer

Name

Address

.....

.....

And his trustworthiness in the way of business to the extent of £.....

2. CONSENT

I/We.....consent to.....Bank plc

Providing a reference on me/us to Skyline Roofing Centre of Unit 73, Waterside Trading Centre, Trumpers Way, Hanwell, London W7 2QA. I/We further consent to the cost of this enquiry being debited from our account.

Signed..... **Date**.....