

SOLE TRADER CREDIT APPLICATION

SKYLINE REF:

Full Name.....

Trading Name (if different)

.....

Address

.....

.....

.....Postcode.....

email address

Telephone No. Home..... Mobile.....

Office..... Fax.....

Date of Birth..... No. of Years Trading.....

Do you have a Priority Cash Account? YES / NO (delete as applicable)

Estimated Monthly Purchases with Skyline Roofing Centres £.....

Annual Turnover £..... Total Credit Limit Required £.....

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.....

Do you OWN / RENT or LEASE your business address? (delete as applicable)

PRINCIPAL ACTIVITY/IES

(tick all that apply)

- | | | | |
|----------------------|--------------------------|-----------------------|--------------------------|
| Flat Roofing | <input type="checkbox"/> | Building Contractor | <input type="checkbox"/> |
| Slating and Tiling | <input type="checkbox"/> | Loft Convertor | <input type="checkbox"/> |
| Industrial Sheeting | <input type="checkbox"/> | Lead Worker (plumber) | <input type="checkbox"/> |
| General Roofing Work | <input type="checkbox"/> | Other (please state) | <input type="checkbox"/> |
| Merchant | <input type="checkbox"/> | | |

PLEASE ENCLOSE A SAMPLE COMPANY LETTERHEAD

I 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 have read and agree to the Terms and Conditions of Sale of Skyline Roofing Centres. In particular I 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of the month following month of invoice, and understand that failure to do so will result in credit facilities being withdrawn and interest charges made.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.....

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.....consent to.....Bank plc

Providing a reference on me/us to Skyline Roofing Centres 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**.....