



Customer Account Application

DEPOT _____		
Customer number _____	(upon approval)	
BUSINESS TYPE _____	Band _____	MAIL OUT TO BE RECEIVED Tick if required <input type="checkbox"/>

Part A: To be completed by all customers

Trading Name: _____	_____
Trading Address: _____	Invoice Address: _____
_____	_____
_____	_____
_____	_____
Post Code: _____	Post Code: _____
Tel no: _____	E-mail: _____
Mobile No: _____	_____
Fax no: _____	Contact name: _____
Bank name/address: _____	Account no: _____
_____	Sort code: _____
_____	Credit requested: _____
_____	Payment terms req: _____
_____	VAT no: _____

Please provide full names and addresses of proprietors/ partners

Name: _____	Name: _____
Private Address: _____	Private Address: _____
_____	_____
_____	_____

Previous Address (if less than 3 years) _____

Customer Delivery Address: _____	Deliver to this address Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Telesales call day/time required: _____
_____	_____
_____	Delivery day required: _____

Please provide the names and addresses of two trade references

Business Name: _____	Business Name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Contact Name: _____	Contact Name: _____
Tel no: _____	Tel no: _____

Part B: Limited Companies

Company Name: _____
Registered Office: _____

Reg no: _____

Directors name: _____ Tel no: _____
Co Secretary: _____ *Please sign guarantee below*

In consideration of your having agreed at my request to supply the above Ltd company with goods, I hereby guarantee the payment to you of the price of all such goods as you may supply customer or on its behalf, and to indemnify you in all respect of loss, damage and costs which you may suffer or incur as a result of the customer failing to pay for such goods.

I agree that this signature is a continuing guarantee and security and that my liability under it shall not be limited or affected by your giving time or any other indulgence to the customer.

Signed: _____ (must be company director)
Printed: _____
Position: _____
Private Address: _____

Mobile no: _____

Part C: To be completed by all customers

Batleys Ltd reserve the right to withdraw credit and cheque facilities at any time.
Goods will remain the property of Batleys Ltd until paid for in full.
All claims for allowances or credits on invoices must be made within 48 hours.
Delivery times quoted are estimates only and any failure to comply will not constitute any breach of contract.

We will make searches with credit reference agencies, which will keep a record of that search and may share that information with other businesses. We will also make enquiries about principle directors with the credit reference agencies.

If throughout your trading you form a Limited company you must inform the company and re-register. Failure to complete a new registration form will result in you being held accountable for any debt incurred.

Full terms and conditions can be found on our website: www.batleys.co.uk, and will be issued along with a welcome pack upon successful applications.

Please tick if you do not wish to receive email/text messages

I/we acknowledge and accept the companies terms of business and understand that should credit facilities be afforded to me/us the above terms must be adhered to at all times

Signed: _____ (must be director/proposer)
Date: _____
Print Name: _____
Poistion: _____