

APPLICATION FOR COMMERCIAL CREDIT

COMPANY NAME					
TRADING ADDRESS					
		POSTCODE			
		103100DL			
ACCOUNT'S TELEPHONE NO.					
INVOICE/STATEMENT EMAIL ADDRESS					
SALES EMAIL					
VAT NO					
TYPE OF BUSINESS	LTD CO.	SOLE TRADER	PARTNERSHIP	LLP	
IF LTD CO. REG OFFICE	ADDRESS				
	Post Code				
REG NO.					
TEL NO	YEAR OF IN	CORPORATION	ANNUAL SALES £		
IF SOLE TRADER/ PARTNERSHIP/LLP PLEASE PROVIDE FULL NAMES, HOME ADDRESSES & TELEPHONE NUMBER(S) OF ALL PARTNERS (PLEASE USE A SEPARATE SHEET IF NECESSARY)					
1.					
3.					
PRINCIPAL NATURE OF BUSINESS					
HOW LONG TRADING	N LONG TRADING ANNUAL SALES £				

- The Customer hereby consents to a credit search being made on the Customer and the signatory below hereby consents to a credit search being made on him/her as owner/partner or director of the Customer, both now and at any future date. All of his/her personal information that the Company uses for that purpose will be collected, processed and held in accordance with the provisions of Data Protection Legislation and his/her rights under the Data Protection Legislation.
- For complete details of the Company's collection, processing, storage and retention of personal data including, but not limited to, the purpose(s) for
 which personal data is used, the legal basis or bases for using it, details of his/her rights and how to exercise them, and personal data sharing (where
 applicable), please refer to the Company's Terms and Conditions available from www.wallworkht.com
- "Data Protection Legislation" means 1) unless and until GDPR is no longer directly applicable in the UK, GDPR and any national implementing laws, regulations, and secondary legislation (as amended from time to time), in the UK and subsequently 2) any legislation which succeeds GDPR, and "GDPR" means EU Regulation 2016/679 General Data Protection Regulation.

• The signatory below declares that the information given above is accurate.

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BANK NAME & ADDRESS	
A/C NO.	SORT CODE:
TWO TRADE REFERENCES (Not to include steel stockholder	s or utilities)
NAME:	NAME:
ADDRESS:	ADDRESS:
	POSTCODE
TEL NO	TEL NO
EMAIL	EMAIL
AMOUNT OF CREDIT REQUIRED £	PER MONTH
(NOTE : TRADE REFEREES SHOULD BE ABLE TO SPEAK	FOR THE CREDIT FIGURE AS ABOVE)
I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE THAT ADHERENCE TO THIS OBLIGATION IS THE ESSEN OUR TERMS AND CONDITIONS CAN BE FOUND WWW.V	ICE OF THE CONTRACT BETWEEN US. A COPY OF
I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKE AMOUNT	RS' OPINION AS TO OUR SUITABILITY FOR THE ABOVE
SIGNED:	
FULL NAME:	
POSITION:	
For and on Behalf of:	
DATE:	

Please tick if you are happy to be contacted from time to time

IMPORTANT

Please note that processing your credit application can take up to 21 days and until you receive formal notification, your account is strictly payment on a proforma invoice basis.

Please submit this form using the button below or return via E-Mail to creditcontrol@wallworkht.com

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