

**North West Timber Treatments Ltd.**

***Timber and Builders Merchants***

NWTT House, Lockett Road, South Lancs Industrial Estate, Ashton in Makerfield, WN4 8DE

Tel: 01942 720777 Fax: 01942 721247

Web: [www.nwtt.co.uk](http://www.nwtt.co.uk/) Email: [sales@nwtt.co.uk](mailto:sales@nwtt.co.uk)

# CREDIT APPLICATION FORM

## Applicants Details:

Business / Trading Name:..............................................................................................................................

Business / Trading Address:..........................................................................................................................

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.....................................................................................................................Postcode:……………………...

Contact Name:……………………………………Position in Company:………………………………

Telephone:……………………………………...Fax:……………………………………………………

Mobile:…………………………………………

Web Site:………………………………………………E-Mail:…………………………………………

Business Type:……………………………………………………………………………………………

Estimated Credit Required……………………………………………………………………………….

## Accounts Contact:

Name:……………………………………………………………………………………………………….

Accounts Telephone:……………………………….Accounts Email:…………………………………….

Order numbers required: YES / NO

Name & Address of company Director:……………………………………………………………………

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## Limited Companies Only:

Company Registration No:……………………………..…..Date of Formation:…………………………..

**Sole Traders / Partners Only:** Home address(es) of proprietor / all partners:

Full Name:…………………………………………..Home Address:……………………………………...

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……………………………………………………………………………………………………………… Full Name:…………………………………………..Home Address:……………………………………...

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……………………………………………………………………………………………………………… Full Name:…………………………………………..Home Address:……………………………………...

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## Other Related Companies:

Name & Address:…………………………………………………………………………………………...

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***PLEASE ATTACH A COMPANY LETTERHEAD WITH THIS FORM***

## Details of Two Trade References:

***(Failing to provide TWO references will result in your application being delayed)***

Name:……………………………………………………………………………………………………….

Address:…………………………………………………………………………………………………….

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……………………………………………………Postcode:………………………………………………

Telephone:………………………………………..Email:…………………………………………………

Name:……………………………………………………………………………………………………….

Address:…………………………………………………………………………………………………….

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……………………………………………………Postcode:………………………………………………

Telephone:………………………………………..Email:…………………………………………………….

In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms 30 days, and I guarantee, jointly and severally, to indemnify you for any amount outstanding from time to time on the said account, in the event of non-payment by the company, in whose name such credit is hereby sought. I also agree personally and on behalf of the company, to pay interest at the rate of 3% above base rate per annum on amounts outstanding for more than 60 days.

# Must be signed by a director, partner or proprietor of the business

Signed: Date: Print Name: Position: