

NEW CUSTOMERS - CREDIT ACCOUNT APPLICATION

COMPANY NAME

ADDRESS

.....

..... **POST CODE**.....

BUSINESS TYPE

(E.G. LIMITED COMPANY/SOLE TRADER/PARTNERSHIP)

If applicable:

COMPANY REG NUMBER

VAT REG NUMBER

For Sole Traders/Partnerships:

UTR NUMBER.....

ESTIMATED CREDIT REQUIRED

Accounts Contact Details:

EMAIL ADDRESS.....

TELEPHONE.....

CONTACT NAME FOR ACCOUNTS

Please provide 2 trade reference contacts:

NAME:

NAME:

COMPANY:

COMPANY:

TELEPHONE:

TELEPHONE:

EMAIL ADDRESS:

EMAIL ADDRESS:

Please provide the following documents which are applicable to your type of Business:

- For Limited & VAT Registered companies – A copy of your certificates
- For Sole Traders & Partnerships – HMRC correspondence showing UTR/business name.
- All companies – Please provide a recent copy of another invoice, utility for address confirmation.

OUR STANDARD TERMS ARE 30 DAYS END OF MONTH. COMPLETING THIS FORM CONFIRMS YOUR AGREEMENT TO THIS.

NAME **POSITION**

SIGNATURE **DATE**.....

In order to process your application, we will supply your personal information to credit reference agencies (CRAs) and they will give us information about you, such as about your financial history. We do this to assess creditworthiness & product suitability, check your identity, manage your account, trace & recover debts & to prevent criminal activity. We may also continue to exchange information about you with CRAs on an ongoing basis, including about your settled accounts & debts not fully repaid on time. CRAs will share your information with other organisations. The identities of the CRAs, & the ways in which they use & share personal information are explained in more detail at <http://www.experian.co.uk/crain/index.html>

Please also note we are obliged under the terms of our Credit Insurance policy to notify of any payments not paid to terms which could have an affect on your credit facilities elsewhere.

Once you have returned the form completed in full along with supporting documentation, we will endeavor to turnaround the form and have the information back to you as quickly as possible.

CUSTOMER WASTE DECLARATION

CUSTOMER NAME:

CUSTOMER ADDRESS:

CONTACT NAME:

CONTACT EMAIL ADDRESS:

WASTE DECLARATION

Question 1. Please choose one of the four options below:

☐ We are a business customer and are the end user of the products.

OR

☐ We are a business customer; we are not the end user of the products, but we supply the goods to our customers with the packaging removed.

OR

☐ We are a business customer; we are not the end user of the products, and we supply the goods to our customers with the original packaging material.

OR

☐ We are not a business customer.

Question 2. Please choose one of the two options below:

☐ The packaging supplied by Crowders Nurseries **IS NOT** disposed of in a household bin or public bin.

OR

☐ The packaging supplied by Crowders Nurseries **IS** disposed of in a household bin or public bin.

CUSTOMER SIGNATURE:

DATE: