



PLUMB INN MERCHANTS (ENFIELD) LIMITED

1124 Mollison Avenue, Brimsdown
Enfield, Middx. EN3 7NJ
Telephone 020 8443 6900 Fax 020 8443 6901

CREDIT APPLICATION FORM

Specialist suppliers of Plumbing, Heating, Sanitaryware and Bathrooms

Trading Name (please attach copy letterhead or official order) _____ Date _____

Limited Company Sole Trader Partnership Credit Limit Required £ _____

Invoice or Statement Address

Registered Office Address if different from invoice address

Postcode _____

Postcode _____

Contact Name _____
Email _____
Telephone No. _____
Mobile No. _____
Accounts No. _____
Fax No. _____

Telephone No. _____
Fax No. _____
Ltd Co. Registration No. _____
Date Established _____

Type of Account C.O.D Monthly Credit Account

Do we require an official order Yes No

Name & Address of Directors' & Partners

Name & Address of Directors' & Partners

Postcode _____
Telephone No. _____
Email _____

Postcode _____
Telephone No. _____
Email _____

Bank Reference

Name _____
Address _____

Postcode _____

Telephone No. _____
Account No. _____
Sort Code _____

Trade Reference 2

Trade Reference 2

Postcode _____
Telephone No. _____
Fax No. _____

Postcode _____
Telephone No. _____
Fax No. _____

Credit Guarantee - To be completed and signed by the owner/director/company secretary of the company applying for credit

In consideration of Plumb Inn Merchants Ltd and thier subsidiaries agreeing to supply goods to the applicant company on credit, we the undersigned being owner/director/company secretary of the applicant company jointly and severally guarantee payment of all the financial obligations of the applicant company to Plumb Inn Merchants Ltd, Plumb Inn Merchants (Finsbury Park) Ltd and Plumb Inn Merchants (Enfield) Ltd (The Companies) and thier subsidiaries and successors including financial obligations arising from any increase in the credit limit granted by Plumb Inn Merchants Ltd, Plumb Inn Merchants (Finsbury Park) Ltd and Plumb Inn Merchants (Enfield) Ltd or thier subsidiaries and successors from time to time following review of the applicant company's trading history.

SIGNATURE _____ PRINT NAME _____ DATE _____

SIGNATURE _____ PRINT NAME _____ DATE _____

OFFICE USE ONLY

A/C No. _____ Acceptance Sent _____ Credit Limit _____