



## Account Application

If you would like to open a trade account with us please complete the form attached and return the Tradec Supplies Limited Store.

The application normally takes 48 hours to process, once completed you may use this account for both deliveries and collections.

For next day deliveries, please contact us before 3pm.

### **Tradec Supplies Limited**

10 Queens Road, North Camp, Farnborough, Hampshire, GU14 6DN  
Telephone: +44(0)1252 376 899 Email: [enquiries@tradecsupplies.co.uk](mailto:enquiries@tradecsupplies.co.uk)  
Registered Number: 7244158

## Part 1: Director Information

In processing your application for credit facilities we may make enquires of credit reference agencies and other third parties who may record those enquires. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. This information obtained from or provided to credit references 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.

**This must be signed or you account application cannot be processed.**

Name	Position	Signature
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Part 2: Banking Information

Bank Name:	
Branch Name:	
Branch Address:	
Account Name:	
Account Number:	

### Part 3: Proof of Legibility

Please attach to one of the following items to this application:

- Letterhead
- Compliments Slip
- Business Card
- Proof of Address (for example driving licence copy)

Note: Our terms are strictly 30 days net.

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## Part 4: Information about Your Business

Trading Name:	
Trading Address:	
Telephone Number:	
Email Address:	
Purchase Ledger Telephone Number:	
Business Type: Cross through as appropriate.	Public Limited Company Private Limited Company Partnership Sole Trader

Have any of the directors, owners or partners held any credit account with Tradec Supplies Limited previously or currently?

Cross through as appropriate.

Yes

No

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If so, please complete the following subsections:

#### Part 4.1: Limited Companies Only

Business Registration Number:	
Date of Registration:	
Parent Company	

#### Part 4.2: Sole Traders & Partnerships Only

Repeat for proprietor/all partners.

Full Name:	
Date of Birth:	
Home Address:	
Full Name:	
Date of Birth:	
Home Address:	

If you require more space contact us.

## Part 5: Authorised Name(s) to Place Orders

Full Name:			
Position:			
Direct Telephone Number:			
Type of Order Cross through as appropriate.	Verbal	Written	Order Number Req'd
Full Name:			
Position:			
Direct Telephone Number:			
Type of Order Cross through as appropriate.	Verbal	Written	Order Number Req'd
Full Name:			
Position:			
Direct Telephone Number:			
Type of Order Cross through as appropriate.	Verbal	Written	Order Number Req'd

## Part 6: Authorised to Make Payments

Full Name:	
Position:	
Direct Telephone Number:	
Full Name:	
Position:	
Direct Telephone Number:	
Full Name:	
Position:	
Direct Telephone Number:	



## Part 7: Trade References

Company Name:	
Registered Address:	
Current Credit Limit:	

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## Part 8: Confirmation of Application

Provide your name and signature confirming your request for a trade account.

Name	Signature
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**Thank you.**

Please deliver or post to our registered address when complete.

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