



Credit Account Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

YOUR BUSINESS DETAILS - Please supply proof of your address and a sample of headed paper

Name:*		Date of Birth: (if sole trader)		-	-	-	-
Trading Name:*				Tel No:*			
Building Number/Name:*				Fax:			
Street:*				Mobile:*			
Town:*		Postcode:		Website:			
Email:*				Company Reg:*			
Trading Style: (please tick or state other)			How long have you been established?*		Years	Months	
Partnership	Sole Trader	Ltd Company	LLP	Self Build	Other: (please tick and state)		

PERSONAL CREDIT GUARANTEE To be completed by a director(s) of a limited company/members of LLP

In consideration of your agreement to supply goods on credit to the company described above applying for credit herein ('the Company') I/we the undersigned being director(s)/member(s) of the Company/LLP hereby unconditionally and personally, jointly and severally guarantee payment of all monies due and owing by the Company to New Image Tile Studio Limited, its subsidiaries and successors, including all monies due and owing by reason of any increases in the credit limit granted by New Image Tile Studio Limited from time to time following review of the Company's credit account and note the additional terms below.

Signature:			
Date:			
Print Name:			

For any Personal Credit Guarantee

- (1) Any credit limit on a credit account being the initial credit limit, which would be subject to increase; and
- (2) if the credit amount is increased, it will be covered by the Personal Guarantee and notice of the increase to the customer is deemed to be notice to the Personal Guarantor and if the customer uses the increased credit limit, then this is deemed consent by the Personal Guarantor to the increase in credit limit

NAMES AND HOME ADDRESSES OF DIRECTORS / PARTNERS

Name:	Name:	Name:
Date of Birth:	Date of Birth:	Date of Birth:
Address:	Address:	Address:
Postcode:	Postcode:	Postcode:
Telephone No:	Telephone No:	Telephone No:

NAME OF TWO TRADE REFERENCES

Name:*	Name:*
Credit Limit: * £	Credit Limit: * £
Tel No:*	Tel No:*

PLEASE READ AND COMPLETE ALL SECTIONS OF THE APPLICATION BEFORE SIGNING THE SECTION BELOW

I/We make this application to open a credit account with New Image Tile Studio Limited. I/We understand that credit terms are that payment is due on or by the 28th day of the month following the date of invoice. I/We agree to pay in accordance with these terms. I/We understand that failure to comply will mean no further goods will be supplied until payment has been received. I/We understand that all goods remain the property of New Image Tile Studio Limited until paid for in full. I/We agree to notify New Image Tile Studio Limited of any change of address or contact details and raise any invoice disputes within 14 days.

Initial Credit Limit Required:	
Signature of Sole Trader / Partner / Director / Applicant:	
Date:	
Print Name:	
Bank Name:	
Sort Code:	- -
Account Number:	

OFFICE USE ONLY

Account Code:
Credit Limit Set: £
Approved By:
Date: