

# CREDIT ACCOUNT APPLICATION FORM - GOMER PRESS LTD

Tel: 01559 362371  
 e-mail: [accounts@gomer.co.uk](mailto:accounts@gomer.co.uk)

Fax: 01559 363758

To be completed by any prospective customer wishing to trade on Credit with Gomer Press Ltd. Completing this form does not guarantee you a Credit Account. By completing and signing this Form you give Gomer Press Ltd express permission to follow up on the references provided and to consult any Credit Reference Agency if appropriate. It is the Applicant's responsibility to read and understand Gomer Press' Terms of Trade. These Terms will govern all transactions between Gomer Press Ltd and any approved Credit Account.

<b>Applicant</b>	
<b>Company Name</b>	
<b>Company No.</b>	For limited companies
Address  (principal place of business)	
Telephone number	
Fax number	
E-mail address	

**Type of Company or Business (tick as appropriate)**

Limited Company	<input type="checkbox"/>	Sole Trader *	<input type="checkbox"/>
PLC	<input type="checkbox"/>	Partnership *	<input type="checkbox"/>
Government body	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Charity	<input type="checkbox"/>		<input type="checkbox"/>

\* Please provide overleaf full name(s) and Home Address(es) of all Partners in a Business, or of the Sole Trader.

Contact Name	
Job Title	

Managing Director or Proprietor	
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Requested credit limit (£)	
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Bankers:	Sort Code:	
Branch:	Account No:	

I / We request a Credit Facility with the Supplier named above. **I / We have received, read and understand their Terms of Trade and agree that all transactions between us will be governed by those Terms.** Specifically I / we agree to pay all Invoices rendered correctly by the Supplier within the stated period. I / We give my / our consent to a credit search being made on me / us as owner / partner or director of this organization both now and at any future date.

Signed		Date
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Name (please print):		Job title
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Please attach a copy of Company letterhead to this application if possible

## TRADE REFERENCES

Please provide two Trade References who have at least two years' experience of trading with you. By signing this Application you give us your explicit consent to our contacting your referees. Do not give names of firms or companies associated by commonality of family, shareholders or directors. These are unacceptable, as are Public Utilities, Government Bodies.

1 - Business Name:
Contact name
Address:
Contact: Tel. No:

2 - Business Name:
Contact name
Address:
Contact: Tel. No:

\* Partnerships and Sole Traders must provide Home Addresses of all Principals in the Firm, because they are jointly and severally liable for any indebtedness incurred by the Firm.

Name:
Address:
Date of Birth
Tel no.
Postcode

Name:
Address:
Date of Birth
Tel no.
Postcode

Name:
Address:
Date of Birth
Tel no.
Postcode

Continue on separate sheet if necessary.