



# MICHAEL PAVIS LIMITED

## NEW ACCOUNT APPLICATION FORM & AGREEMENT TO TERMS & CONDITIONS

Please complete form in **BLOCK CAPITALS**

*All applications must be accompanied by your official letter headed paper*

### Company Information

FULL TRADING TITLE:	VAT NUMBER:
LIMITED COMPANY / NON LIMITED COMPANY (Please delete)	COMPANY REG'D NUMBER:
HOW LONG TRADING:	GAS-SAFE NUMBER:
AMOUNT OF CREDIT REQUESTED £:	ANTICIPATED MONTHLY SPEND £:

### Contact Details

TRADING ADDRESS:	REGISTERED OFFICE: (If different)
POSTCODE:	PURCHASE LEDGER CONTACT:
TELEPHONE NUMBER:	FAX NUMBER:
MOBILE NUMBER:	EMAIL ADDRESS:
HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES & CREDIT NOTES	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> POST
HOW WOULD YOU LIKE TO RECEIVE YOUR STATEMENTS	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> POST

### Directors / Proprietors Details

NAME:	ADDRESS:
DATE OF BIRTH:	
NAME:	ADDRESS:
DATE OF BIRTH:	
NAME:	ADDRESS:
DATE OF BIRTH:	
Are any of the directors, owners or partners a discharged or undischarged bankrupt?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have any of the directors been involved in a previous liquidation or receivership?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have marked YES, please give details:	

Bank Details	
NAME:	SORT CODE:
ADDRESS:	ACCOUNT NUMBER:
PAYMENT BY: CHEQUE / BACS / DEBIT CARD (Please delete)	

Trade References – Please provide TWO Trade References	
NAME 1):	NAME 2):
ADDRESS:	ADDRESS:
CONTACT:	CONTACT:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
FAX NUMBER:	FAX NUMBER:
CREDIT LIMIT £:	CREDIT LIMIT £:

Acceptance of Terms & Conditions	
<p>I hereby acknowledge receipt of, and full acceptance of, the Conditions of Sale of Michael Pavis Ltd (PLEASE RETAIN THE CONDITIONS OF SALE FOR YOUR RECORDS)</p> <p><b>THIS APPLICATION MUST BE SIGNED AND DATED BY A DIRECTOR OR PARTNER</b></p> <p>I authorise Michael Pavis Ltd to make a search through credit reference agencies in order to ascertain status and credit worthiness. I also acknowledge that this information may be shared with other businesses. Such searches may also collate information relating to Directors and Partners.</p>	
PRINT FULL NAME:	POSITION IN COMPANY:
SIGNED:	DATE:

Internal Use		
ACCOUNT NO:	PASSED BY:	REP:
CREDIT LIMIT:	DATE:	AREA:
TERMS:	REFERENCES CHECKED:	TYPE:
	MONITORING EN:	MONITORING TS: