



MICHAEL PAVIS LIMITED

CREDIT 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:

Please circle the answers below

HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES & CREDIT NOTES?	<i>Email</i>	<i>Fax</i>	<i>Post</i>
HOW WOULD YOU LIKE TO RECEIVE YOUR STATEMENTS?	<i>Email</i>	<i>Fax</i>	<i>Post</i>

Directors / Proprietors Details		
NAME:	DATE OF BIRTH:	ADDRESS:
NAME:	DATE OF BIRTH:	ADDRESS:
NAME:	DATE OF BIRTH:	ADDRESS:

Please circle the answers below

ARE ANY OF THE DIRECTORS, OWNERS OR PARTNERS A DISCHARGED OR UNDISCHARGED BANKRUPT?	<i>Yes</i>	<i>No</i>
HAVE ANY OF THE DIRECTORS BEEN INVOLVED IN A PREVIOUS LIQUIDATION OR RECEIVERSHIP?	<i>Yes</i>	<i>No</i>
IF YOU HAVE ANSWERED YES, PLEASE GIVE DETAILS:		

Bank Details	
NAME:	SORT CODE:
ADDRESS:	ACCOUNT NUMBER:

Please circle the answer below

PAYMENT METHOD:	<i>Cheque</i>	<i>Bacs</i>	<i>Debit Card</i>
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Trade References - Please Provide TWO Trade References	
NAME:	NAME:
ADDRESS:	ADDRESS:
CONTACT:	CONTACT:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
EMAIL ADDRESS:	EMAIL ADDRESS:
CREDIT LIMIT £:	CREDIT LIMIT £:

This application must be signed by a director, a partner or a person with significant control

Acceptance of Terms & Conditions (Please retain the conditions of sale for your records)	
<p>By signing this application form, I hereby acknowledge receipt of, and full acceptance of, the Conditions of Sale of Michael Pavis Ltd. I authorise Michael Pavis Ltd to make a search through credit reference agencies in order to ascertain status and credit worthiness. I agree such searches may also collate information relating to directors, persons with significant control, and partners. I also acknowledge that this information may be shared with other businesses. We will always treat your personal details with the utmost care and will never sell them to other companies for marketing purposes.</p>	
PRINT FULL NAME:	POSITION IN COMPANY:
SIGNED:	DATE:

Please circle ONE answer below

Contact Permission	
<i>Yes</i>	Yes please, I would like to hear about products, events and special offers
<i>No</i>	No thank you, I do not want to hear about products events and special offers

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