ROBBINS TIMBER

8-18 BROOKGATE ■ ASHTON VALE ■ BRISTOL ■ BS3 2UN
Tel: 0117 963 3136 ■ Fax: 0117 963 7927 ■ E-mail: timber@robbins.co.uk ■ www.robbins.co.uk

APPLICATION FOR MONTHLY CREDIT

Owners Name:

Name of Company:

Status of Company: Limited / Public Ltd Company / Sole Trader / Partnership

Full Address:(& Home Address if not Ltd Co.)

Post Code:

Tel No: Fax No:

Email: Mobile No:
(For Invoices to be sent to)

Company Registration No: Type of Business:

Length of time company has been trading:

If not Limited Company, please supply home telephone number:

Please supply a copy of your Letterhead with this application

Bankers Name:

Branch: Sort Code:

Trade Reference 1:

Tel No: Fax No:

Trade Reference 2:

Tel No: Fax No:

I/We anticipate placing business up to approx: £ per month, and would like this figure as an initial credit limit.

I/We understand that the settlement terms for this account are **strictly** net monthly, with payment due 30 days from invoice date.
I/We accept all transactions will be under the current terms & conditions of trading of Robbins Ltd unless otherwise notified in writing by Robbins Ltd I/We authorise Robbins Ltd to approach our bank for a reference now or any future time.
I/We accept that Robbins Ltd understand and will exercise their statutory right to claim interest and compensation for debt recovery costs under the late payment legislation if they are not paid according to agreed credit terms & that the account will be closed until all monies owing have been paid.

Signed: **Date:**

Name: **Position:**

This application must be received with an original signature before a credit account can be opened. We will confirm in writing that your account has been opened.

OFFICE USE

ISSUED BY:

N.A
C.L
C.T
P.T
O/T
O/D
H/L
Comments:

N.A
C.L
C.T
P.T
O/T
O/D
H/L
Comments:

A/C No.
Limit:
Rep:
Area:
Type:
Comp:
Letter:
Passed: