

# Thermoguard UK Ltd

147, Gibraltar Street, West Bar, Sheffield. S3 8UA

## CREDIT APPLICATION FORM

TRADING NAME/TITLE .....

ADDRESS .....

.....

..... COUNTY ..... POST CODE .....

TEL.NO. .... FAX NO. ....

**\*PLEASE ATTACH A LETTERHEAD\***

LEGAL STRUCTURE PLC ..... Partnership..... Incorporated ..... Ltd .....

Sole Trader..... Other (supply details).....

COMPANY (Reg. Office Address) Address .....

.....

..... Postcode .....

COMPANY REGISTRATION NUMBER .....

APPROX. YEAR OF INCORPORATION .....

SOLE TRADER Name .....

Private Address .....

.....

How many years at this address ..... Date of birth ..... Tel. No. ....

(for credit checking purposes)

PARTNERSHIP Please give FULL name & PRIVATE address

Name ..... Name ..... Name .....

Address ..... Address ..... Address .....

.....

Post code ..... Post code ..... Post code .....

Tel. No. .... Tel. No. .... Tel. No. ....

Number of years at this address ..... at this address ..... at this address .....

Date of birth ..... Date of birth ..... Date of birth .....

CREDIT

Please state the amount of credit you require per month? £ .....

TERMS: Strictly 30 days NET

COMMENTS .....

**PLEASE CONTINUE OVERLEAF**

CONTACT NAME  
ACCOUNTS PAYABLE Mr./Mrs./Ms. ....

BANK DETAILS Name .....  
Address .....  
..... Post Code .....

Account Number ..... Sort Code .....

TRADE REFERENCES

Company ..... Company .....  
Address ..... Address .....  
..... Post Code ..... Post Code .....

Contact ..... Contact .....  
Years account held ..... Years account held .....  
Average monthly purchases £ ..... Average monthly purchases £ .....

\*\* I hereby authorise Thermoguard and their appointed agents to seek credit references from those individuals/organisations that I have referred Thermoguard to. I give this authority under the terms of the Data Protection Act 1998 and understand that Thermoguard will use any references for the purposes of granting credit/trade terms.

Signed ..... Director(Ltd.Co.)/Proprietor/Partner  
\*(Must be signed to enable us to check references)

CUSTOMER SPECIAL INSTRUCTIONS

Different delivery address ? (only if different from invoicing address overleaf)

.....  
.....  
.....  
..... Post Code .....

Do you require ?  
Your order No. quoting on invoices Yes/No  
A separate invoice per delivery note Yes/No  
Any other special requirements?  
.....  
.....

\*\* To my (our) knowledge all details completed on this application form are complete and accurate.

Authorised signatory .....  
Full Name (block capitals) .....  
Job Title .....  
Date .....

Please return completed form AND COMPANY LETTERHEAD to:-

Thermoguard UK Ltd., 147, Gibraltar Street, West Bar, Sheffield. S3 8UA  
or fax to 01827-271340 or e-mail [lorraine@thermoguard.co.uk](mailto:lorraine@thermoguard.co.uk)