

Trade Credit Application Form

Apply today and
benefit from trade
discounts across
400,000 products.



Matthew Charlton
THE MERCHANT OF CHOICE

TRADE CREDIT ACCOUNT APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

(For any enquiries relating to this form, please call 0141 425 2290)

Matthew Charlton
THE MERCHANT OF CHOICE

YOUR BUSINESS DETAILS

COMPANY/TRADING NAME:

LIMITED COMPANY NAME (if different):

COMPANY ADDRESS:

POSTCODE:

TEL. NO:

MOBILE NUMBER:

Please provide your e-mail address below if you would like to receive future e-mails from Matthew Charlton with information about goods and services which we feel may be of interest to you.

FAX NO:

E-MAIL:

LENGTH OF TIME AT THIS ADDRESS: _____ YEARS _____ MONTHS

TYPE OF COMPANY: SOLE PROPRIETORSHIP PARTNERSHIP LIMITED COMPANY LLP PLC

OTHER - PLEASE SPECIFY:

NUMBER OF EMPLOYEES: 0-5 6-10 11-19 20-49 50-99 100-199 200+

NAME OF MAIN PURCHASER:

LIMITED COMPANIES ONLY

COMPANY REGISTRATION NUMBER:

DATE OF INCORPORATION:

PARENT COMPANY:

SOLE PROPRIETOR'S/PARTNER'S/DIRECTOR'S DETAILS

NAME :

DATE OF BIRTH:

HOME ADDRESS :

POSTCODE :

TEL. NO:

MOBILE NO:

PREVIOUS ADDRESS IF LIVED AT CURRENT PROPERTY FOR LESS THAN 3 YEARS:

POSTCODE:

NAME 2:

DATE OF BIRTH:

HOME ADDRESS :

POSTCODE :

TEL. NO:

MOBILE NO:

PREVIOUS ADDRESS IF LIVED AT CURRENT PROPERTY FOR LESS THAN 3 YEARS:

POSTCODE:

NAME 3:

DATE OF BIRTH:

HOME ADDRESS :

POSTCODE :

TEL. NO:

MOBILE NO:

PREVIOUS ADDRESS IF LIVED AT CURRENT PROPERTY FOR LESS THAN 3 YEARS:

POSTCODE:

MAIN BRANCH YOU INTEND TO TRADE WITH:

TOWN/CITY:

CREDIT LIMIT REQUIRED:

£:

CREDIT SERVICES ONLY

SALES PERSON 'S CODE :

ACCOUNT NUMBER:

BRANCH NUMBER:

CREDIT LIMIT APPROVAL:

TRADE REFERENCE 1

COMPANY NAME:

COMPANY ADDRESS:

TEL. NO:

CREDIT LIMIT £:

TRADE REFERENCE 2

COMPANY NAME:

COMPANY ADDRESS:

TEL. NO:

CREDIT LIMIT £:

INVOICING

MAIN CONTACT FOR INVOICING ENQUIRIES:

NAME:

TEL. NO:

THESE CONTACT DETAILS WILL ONLY BE USED FOR INVOICING PURPOSES.

E-MAIL:

BANK DETAILS

BANK NAME:

ADDRESS:

POSTCODE:

BANK ACCOUNT NO:

SORT CODE:

DESCRIPTION OF BUSINESS

ARCHITECT & SPECIFIER	<input type="checkbox"/>	ENGINEERING COMPANY	<input type="checkbox"/>	HOUSING ASSOCIATION	<input type="checkbox"/>	PUB/NIGHT CLUB/LEISURE	<input type="checkbox"/>
BRICKLAYER	<input type="checkbox"/>	FARMER	<input type="checkbox"/>	INTERIOR DESIGNER	<input type="checkbox"/>	PUBLIC SECTOR	<input type="checkbox"/>
BUILDING TRADE - GENERAL	<input type="checkbox"/>	FENCE CONTRACTOR	<input type="checkbox"/>	JOINERY MANUFACTURER	<input type="checkbox"/>	RETAIL SHOP	<input type="checkbox"/>
CARPENTER / JOINER	<input type="checkbox"/>	FLOORING/WALL CONTRACTOR	<input type="checkbox"/>	LANDSCAPER	<input type="checkbox"/>	ROOFING CONTRACTOR	<input type="checkbox"/>
CIVIL ENGINEERING	<input type="checkbox"/>	GARDENER/DESIGNER	<input type="checkbox"/>	PAINTER/DECORATOR/GLAZIER	<input type="checkbox"/>	SELF BUILD	<input type="checkbox"/>
CONSTRUCTION COMPANY	<input type="checkbox"/>	GROUNDWORKER	<input type="checkbox"/>	PAVING CONTRACTOR	<input type="checkbox"/>	SHOPFITTER	<input type="checkbox"/>
DESIGNER	<input type="checkbox"/>	HEATING ENGINEER	<input type="checkbox"/>	PLASTER/DRY LINING	<input type="checkbox"/>	SPORTS/HEALTH CLUB	<input type="checkbox"/>
DIY/CONSUMER	<input type="checkbox"/>	HOTEL & GUEST HOUSE	<input type="checkbox"/>	PLUMBER	<input type="checkbox"/>	OTHER BUSINESS (PLEASE STATE)	<input type="checkbox"/>
ELECTRICIAN	<input type="checkbox"/>	HOUSE BUILDER	<input type="checkbox"/>	PROPERTY DEVELOPER	<input type="checkbox"/>		

PLEASE COMPLETE ALL SECTIONS AND RETURN TO: MATTHEW CHARLTON, 99 HARMONY ROW, GLASGOW G51 3LH

Please supply one of the following as proof of identification...

- **Limited Company:** Company letterhead.
- **Sole Traders/Partnerships:** Proof of your home address, such as a bank, building society or credit card statement, or a recent utility bill.

CUSTOMER DECLARATION

I/We the undersigned apply to Matthew Charlton for credit facilities and declare that the information given above is accurate. I/We agree to trade on Matthew Charlton's Terms and Conditions of Sale or Hire as are applicable at the date of the transaction and confirm that I/We have read the Terms and Conditions of Sale contained in this form. Matthew Charlton reserves the right to terminate this Agreement for credit forthwith without notice upon a breach by the customer of any Terms and Conditions and all amounts then outstanding will become due forthwith. Thereafter interest will be charged on a daily basis until the account is paid in full.

SIGNED:

NAME (PLEASE PRINT):

POSITION :

DATE:

SIGNED:

NAME (PLEASE PRINT):

POSITION :

DATE:

If you open an account we may search the files of credit reference agencies who will record the search, and we may share that information about the way in which you conduct your account with other lenders and with credit reference agencies. If you do not wish us to carry out such a search then please do not complete this form. We may need to disclose your information to our agents. We will record your purchasing preferences and may use your information for marketing. We may pass your information to our group companies or other carefully selected third parties and we, or they may wish to contact you with offers of goods or services which may interest you. We will only do this if you do not object below to us doing so.

1. Please tick here if you do not want us to contact you with information about goods and services which we feel may be of interest to you by post telephone email

2. Please tick here if you do not want us to disclose your personal data to selected third parties (including other companies within our group) so that they can provide you with information about their goods or services

Under the Data Protection Act, you have the right to apply for a copy of the information we hold on you (for which we may charge a small fee) and to correct any inaccuracies. Due to training requirements some telephone calls may be monitored.

For any enquiries
relating to this form
please call:
0141 425 2290

All finished?

Before posting your completed application form,
please check that you have:

- Enclosed one form of identification
(utility bill or bank statement)
- Enclosed a copy of the letter of intent from
your bank/building society (if available)
- Filled in your required credit limit
- Signed the application form

Please return your completed application form to:

Matthew Charlton
99 Harmony Row
Glasgow
G51 3LH

What happens next?

Once your application has been processed, normally
within five working days, we will provide you with written
confirmation of your credit limit and account number.

This will confirm that your account has been activated and
is ready for immediate use.

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