APPLICATION FOR CREDIT ACCOUNT

W. Kingsbury LTD

Crosshands & Carmarthen Branch

(Lines marked with an * is mandatory, please note there are two pages to be completed)

CUSTOMER DETAILS	
***Name Of Account Holder:**	
***Company name:**	
***Address Line 1:**	
***Address Line 2:**	
***Postcode:**	
***Type of company:**	☐ Limited Company ☐ Sole Trader ☐ Partnership
Registration number:	*Limited Company Only
Registered Office Address (if different from above)	*Limited Company Only
***Telephone:**	
***Email:**	

TRADE REFERENCE	
***Company:**	
***Contact name:**	
Address:	
***Email:**	
***Telephone:**	

I hereby authorise W Kingsbury LTD to obtain references from the above, as and when appropriate. I agree to abide by the Terms and Conditions as set out by W Kingsbury LTD which include that all invoices are due to be paid by the 28th day the following month of date of invoice, and that invoices, credit notes and statements will be received via email ***only****. I also agree an interest charge may apply to overdue invoices.*

Please provide proof of identity (name and address) for non-limited companies (such as a driving licence and/or utility bill) and return it with this completed form ***(SIGNED BELOW BY THE APPLICANT)*** *to either one of our branches or via email to* ***accounts@wkingsbury.com*** *(including proof of identity)*

****IDENTIFICATION MUST BE PROVIDED*****	****APPLICANT TO SIGN AND PRINT BELOW***
***Signed:**	
***Printed name:**	
***Position in company:**	
***Date:**	

Branch Details

Carmarthen Branch	***Crosshands Branch***
Unit 1. BMA Trading Centre Alltycnap Road Johnstown Carmarthen SA31 3RB	**Unit 3 Plot 2 Crosshands Business Park Crosshands Llanelli SA14 6RE**
Email – carmarthen@wkingsbury.com	**Email – crosshands@wkingsbury.com**
Telephone – 01267 236 661	**Telephone – 01269 831 034**
Account Queries (invoices, statements etc) – accounts@wkingsbury.com Or telephone 01267 892 621	

……BELOW FOR OFFICE USE ONLY……

ACCOUNT DETAILS	
CUSTOMER ID:	
CREDIT LIMIT:	
DATE	