



# TRADE ACCOUNT APPLICATION FORM

IMPORTANT: THIS FORM MUST BE COMPLETED AND RETURNED BEFORE WE CAN PROCESS YOUR ORDER.  
PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY IN **BLOCK CAPITALS** & SIGN

6 Barncoose Industrial Estate  
Pool, Redruth  
Cornwall TR15 3RQ  
Telephone: 01209 211538  
Fax: 01209 313639  
Email: sales@drbuildingmaterials.co.uk  
Email: accounts@drbuildingmaterials.co.uk

## APPLICANT DETAILS (LIMITED COMPANIES & PARTNERSHIPS MUST ALSO COMPLETE SHEET 2 OF THIS APPLICATION FORM)

NAME OF APPLICANT:	DATE OF BIRTH:						
COMPANY/TRADING NAME (if different to above):							
HOME ADDRESS:							
POST CODE:							
LENGTH OF TIME AT ADDRESS:	MONTHS	YEARS					
PREVIOUS ADDRESS IF LIVED AT CURRENT PROPERTY FOR LESS THAN 3 YEARS:							
POST CODE:							
E-MAIL:							
TEL NO:							
MOBILE NO:							
NUMBER OF EMPLOYEES (IF COMPANY): (please circle)	0	1-5	6-10	11-19	20-49	50-99	100+
ESTIMATED MONTHLY SPEND: (please circle)	LESS THAN £500	£500-£999	£1000-£1999	£2000-£4999	£5000+		

**CREDIT LIMIT REQUIRED: £**

## BANK DETAILS

BANK NAME:	
ADDRESS:	POST CODE:
BANK ACCOUNT NO:	SORT CODE:

## TRADE REFERENCE 1

COMPANY NAME:
COMPANY ADDRESS:
TEL. NO:
E-MAIL:
CREDIT LIMIT: £

## TRADE REFERENCE 2

COMPANY NAME:
COMPANY ADDRESS:
TEL. NO:
E-MAIL:
CREDIT LIMIT: £

## CUSTOMER DECLARATION

I/We the undersigned apply to DR Building Enterprises Ltd T/As DR Building Materials for account facilities and declare that the information given above is accurate. I/We agree to trade on DR Building Enterprises Ltd T/As DR Building Materials Terms and Conditions of Sale 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. DR Building Enterprises Ltd T/As DR Building Materials, reserves the right to terminate this Agreement 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. For limited companies: if incorporated less than 3 years, page 2 of this application, must be signed by a current Company Director listed at Companies House.

SIGNED:	SIGNED:
NAME: (please print)	NAME: (please print)
POSITION:	POSITION:
DATE:	DATE:

## DR BUILDING ENTERPRISES LTD T/AS DR BUILDING MATERIALS RESPECTING YOUR PRIVACY

By submitting this Account Application Form in order to open a credit account, you acknowledge that we will search the files of credit reference agencies and fraud prevention agencies. These agencies will provide us with information about you, such as your financial situation and financial history. We carry out these searches in order to assess creditworthiness and product suitability, check your identity, manage your account, trace and recover debts and prevent fraud and criminal activity. We may also search the files of the Land Registry. These searches will be conducted both in order to open your account, and from time to time during the lifetime of your relationship with us. Credit reference agency searches will place a search footprint on your credit file when we make a search, and this may be seen by other lenders. We will continue to exchange information about you with credit reference agencies while you have a relationship with us, including information about your settled accounts and any debts not fully repaid on time. Credit reference agencies will share your information with other organisations. Your information will also be linked to the information of others, such as your spouse or partner, any joint applicants, or other financial associates. We always strive to adopt best practice in relation to the collection, storage and processing of your personal information.

## FOR LIMITED COMPANIES & PARTNERSHIPS USE ONLY

<b>LIMITED COMPANY DETAILS</b>	
COMPANY/TRADING NAME (if different to above):	
LIMITED COMPANY NAME (if different)	
COMPANY REGISTRATION NUMBER:	YEAR BUSINESS ESTABLISHED:
COMPANY ADDRESS:	
POST CODE:	
<b>INVOICING</b>	
MAIN CONTACT FOR INVOICING ENQUIRIES:	
TEL. NO:	
E-MAIL:	
<b>DIRECTOR/PARTNER DETAILS</b>	
NAME:	DATE OF BIRTH:
HOME ADDRESS:	MOBILE NO:
POST CODE:	
PREVIOUS ADDRESS IF LIVED AT CURRENT PROPERTY FOR LESS THAN 3 YEARS:	
POST CODE:	
<b>DIRECTOR/PARTNER DETAILS</b>	
NAME:	DATE OF BIRTH:
HOME ADDRESS:	MOBILE NO:
POST CODE:	
PREVIOUS ADDRESS IF LIVED AT CURRENT PROPERTY FOR LESS THAN 3 YEARS:	
POST CODE:	

<b>DIRECTOR'S GUARANTEE FORM (ONLY APPLICABLE FOR LTD COMPANIES TRADING FOR LESS THAN 3 YEARS)</b>	
I (FULL NAME):	
OF (FULL HOME ADDRESS):	
ACTING AS (POSITION):	
FOR	LTD
REGISTRATION NO:	
I CONFIRM THAT I WILL BE PERSONALLY RESPONSIBLE FOR ALL DEBTS INCURRED BY THE ABOVE MENTIONED LTD COMPANY WITH DR BUILDING ENTERPRISES LTD.	
DATE:	
SIGNATURE:	