



### CREDIT ACCOUNT APPLICATION FORM

#### **FOR OFFICE USE:**

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A/c Start Date:        /        /

Credit Limit £ \_\_\_\_\_ high ..... medium ..... low .....

Credit Terms \_\_\_\_\_

Area Manager \_\_\_\_\_

AUTHORISATION \_\_\_\_\_ DATE \_\_\_\_\_

Customer Advised Date        /        /

**HIGHLAND FUELS LTD. Affric House, Beechwood Park, Inverness IV2 3BW. Tel: 0800 224224 Fax: 01463 710899**  
Registered Office: Affric House, Beechwood Park, Inverness IV2 3BW. Registered No. 32343 Scotland

#### ***1. Full Trading Title (or Customer Name)***

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_ TEL NO \_\_\_\_\_ FAX NO \_\_\_\_\_

IF LESS THAN 3 YRS AT ADDRESS - PLEASE STATE PREVIOUS ADDRESS

\_\_\_\_\_

CONTACT NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

HOW LONG ESTABLISHED (BUSINESS ONLY) \_\_\_\_\_ YRS. BUSINESS TYPE \_\_\_\_\_

ESTIMATED AMOUNT OF CREDIT REQUIRED MONTHLY £ \_\_\_\_\_

PREVIOUS SUPPLIER \_\_\_\_\_

R.D.C.O. No. (if applicable) \_\_\_\_\_ VAT Reg. No. \_\_\_\_\_

\_\_\_\_\_

#### **BANK DETAILS**

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

Bank Account No. \_\_\_\_\_ Sort Code \_\_\_\_\_

#### ***2. (For Limited Companies use.)***

Company Name \_\_\_\_\_

Registered Office Address \_\_\_\_\_

Company Registration No. \_\_\_\_\_ Date Incorporated        /        /

Ultimate Holding Company (if applicable) \_\_\_\_\_

**3. Additional Information**

Could we have the names and home addresses of all proprietors, partners and directors please.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Birth: / /

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Birth: / /

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Birth: / /

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Birth: / /

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Birth: / /

**4. Please note that this is not a mandate for direct debit payments**

**HIGHLAND FUELS BANK REFERENCE MANDATE**

Full postal address of your Bank or Building Society branch		Bank sort code
To The Manager _____ Bank or Building Society _____ Address _____ _____ Postcode _____		[ ][ ][ ] [ ][ ][ ] [ ][ ][ ] Bank account No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] I/We authorise Highland Fuels Ltd to take Bank References on my/our account(s) with you at any time in the future until I/we revoke this permission in writing.
From: Company Name _____ Address _____ _____ Postcode _____		Signature(s) _____ _____ _____ Date _____

**5. Please supply the names and addresses of two TRADE REFERENCES to whom an approach may be made.**

- Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
- Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

We may, as part of the credit assessment process, use a credit reference agency. They will record this information and may share it with other businesses. Highland Fuels may also make enquiries about any principal Director with a credit reference agency. If you object to such a search being made, please tick this box.  You may have certain rights to receive a copy of any information we may hold. Please write to: Highland Fuels, Affric House, Beechwood Park, Inverness. A fee may be payable for this information.

*I/We request that Highland Fuels open a credit account. I/We have read the terms and conditions of sale and accept these as the basis for trading. I/We understand that all goods supplied to me/us will be payable on the 10th of the month following delivery (or any other date that Highland Fuels Ltd, at its sole discretion, may so require). I/We also understand that Highland Fuels Ltd reserve the right to withdraw credit facilities from the account or take any action necessary to recover any unpaid/overdue amounts at any time.*

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CHECK THE APPLICATION IS SIGNED. THEN SEND COMPLETED FORM TO Highland Fuels, Credit Control, Affric House, Beechwood Park, Inverness IV2 3BW. Thank you.**