



Application for a 30-Day Credit Account

Company: **A**

Company Registration No: **B**

Trading address: **C**

 Post code:.....
 VAT Reg. No

Telephone number:

Fax number:

E Mail:

Invoice address if different from above:- **D**

 Post Code:

Is your Company part of a group? **E**
YES NO
 If yes please state Group

 Holding Company

Trade References **F**

1 Name
 Town.....
 Tel No.....

2 Name
 Town.....
 Tel No.....

Accounts contact: **G**
 Order contact:

Is an official order required ?
YES NO

Special instructions:

Declaration and Data Protection notice

I/We agree that all invoices will be paid within thirty days of month end of date of invoice and all goods remain the property of Allied Tooling Ltd until payment in full is received

I/We confirm that the information given on this Credit Account Application Form is in all respects true and accurate. I/We confirm that I/We have read and understood the terms and conditions of sale/business and I/We unconditionally accept that those terms and conditions shall be the only ones that apply to all sale contracts which I/We may conclude with you.

Data Protection Act 1998 Notice

Words shown in *Italics* are defined in the Data Protection Act 1998 ("the Act")

Where I/We provide you with personal data ("data"), I/We understand that the data will be held securely in confidence and *processed* for the purpose of carrying out your business and associated *activities* ("Activities"). In considering my/our application, *I/We accept that you may consult with and disclose the data to credit reference agencies, banks, credit insurers and other responsible organisations outside your business that you have nominated ("third parties"), and that such third parties may process the data. I/We understand that under the Act I/We have a right to know what data you hold on me/us if I/We apply to you in writing and pay an application fee.*

Authorised signatory:

Print name:

Position Within Company

Date of application:

Please attach your letterhead/compliment slip with this application.



Combined Enquiry and Consent Form

Unit 2, 19 Willis Way
Poole
BH15 3SS

Tel: 01202-675767
Fax: 01202-684422

PLEASE USE BLOCK CAPITALS TO COMPLETE SECTIONS 1, 3 & 4

Private & Confidential

Enquiry to the Manager Section 1

Bank name											
Bank address											
											Post Code
Sort Code											

Enquiry Form Section 2

Name	Allied Tooling Ltd										
Address	Unit 2, 19 Willis Way Poole Dorset										
											Post Code: BH15 3SS
	Tel No. 01202-675767					Fax No. 01202-684422					
	Date:					Contact: Mrs C Gollop					

Information Requested On Section 3

I/We request your opinion as to the means and standing of:-

Customer name											
Account number <i>(For identification purposes only)</i>											
Address											Post Code:
and his/her/ their trustworthiness in the way of business to the extent of											£

Consent Section 4

To be completed by the customer who is the subject of the enquiry, in accordance with The signing mandate held by the Bank

Subjects full name	I/We										Consent to
Subjects Bank											Providing a reference on me / us to
Enquirer name	Allied Tooling Ltd										
Address	Unit 2, 19 Willis Way Poole Dorset										
											Post Code: BH15 3SS

I/we understand that a copy of the Bank's reply can be sent to me/us upon request

Signature											
Date											

ALLIED (TOOLING) LTD

New Customer Questionnaire

Company

1/ Please tick the Allied Tooling services you intend to use.

- (a) Saw Sharpening (b) Tool & Cutter Grinding (c) Form Tools
(d) New T.C.T. Sawblades (e) New High Speed Steel Sawblades
(f) Bandsaw Blades (g) Abrasives (h) Woodworking Tooling/Tips/Routers
(i) Machine Servicing (j) Coolant (k) Others

2/ Do you use other suppliers for services in Question 1?

Yes No

(If "NO" please ignore Question 3)

3/ Which services from Question (1) are supplied from another source?

(a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k)

Approx

Value pa £.....k £.....k £.....k £.....k £.....k £.....k £.....k £.....k £.....k £.....k £.....k

Can we quote?

Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N Y/N

4/ Are there any other companies in your vicinity who may be interested in our service?

.....

5/ With our vans calling weekly to your door, what other products, goods or services would it be convenient for you to buy from us?

.....

Completed by Position

Thank you very much for taking the time to complete this questionnaire. Please be assured that we are here to respond to **your** wishes and we will take any actions that the results of this survey demand.

PLEASE RETURN WITH CREDIT ACCOUNT FORMS