



London Decorators Merchants

547-549 NORWOOD ROAD
LONDON SE27 9DL
TEL: 020 8655 9595
FAX : 020 8655 9596
Email : accounts@ldmdirect.co.uk

CREDIT APPLICATION FORM

Business / Trading Name: Business / Trading Address:

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Main Telephone No: Purchase Ledger Tel No: Fax No.:

Mobile Tel No: E-mail Address:

Type of Business: Public Limited Company: Private Limited Company: Sole Trader: Partnership:

Are any of the directors, owners or partners in this business un-discharged bankrupts? Yes / No

Have any of the directors, owners or partners of this business held any other credit accounts with this company? Yes / No

If so, please list account names:

Limited Companies Only

Co. Registration Number: Date of Formation: Parent Company:

Sole Traders / Partnerships Only Home address(es) of proprietor / all partners:

Full Name: Home Address:
..... Date of Birth:

Full Name: Home Address:
..... Date of Birth:

Full Name: Home Address:
..... Date of Birth:

Full Name: Home Address:
..... Date of Birth:

Names of People Authorised to Place Orders

Full Name	Position	Verbal Order	Written Order	Order No. Req'd
.....
.....
.....
.....
.....
.....

Names of People Authorised to Make Payment

Full Name	Position	Direct Telephone Number
.....
.....
.....

Trade References

Company Name: Address:
 Current Credit Limit: £.....
 Company Name: Address:
 Current Credit Limit: £.....

Terms of Trade

Risk in the goods shall pass on delivery, but the property shall remain with London Decorators Merchants Ltd until payment for the goods shall have been received in full. Liability for payment against goods taken on your behalf remains until you notify us in writing that a person is not authorised to collect goods. Orders for goods are accepted on the understanding that the price charged will be price ruling on date of dispatch/collection and that prices charged may vary from time to time.

In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid on a strict **END OF MONTH FOLLOWING INVOICE MONTH** basis, and I personally guarantee, jointly and severally, to indemnify you for any amount outstanding from time to time on the said account, in the event of non-payment by the company, in whose name such credit is hereby sought. I also agree, personally and on behalf of the company, to pay interest at the rate of 8% above base rate per annum on any amounts outstanding for more than 30 days. I also agree, personally and on behalf of the company, to pay a collection fee of 10% of the amount outstanding if terms are not adhered to and to pay £25.00 for cheques returned "Unpaid".

Credit may be withdrawn at anytime if these terms are not adhered to.

Must be signed by a director, partner or proprietor of the business

Signed : Print Name: Position:

DIRECTORS GUARANTEES

I/we the undersigned certify that in consideration for the granting of credit facilities to the above company the account will be paid on normal monthly terms and I/we personally guarantees to pay any amount outstanding unpaid on the account, either jointly or severally. This guarantee is a primary obligation and I/we agree that you will not be obliged to take any action including court proceedings against the above-mentioned company before looking to myself/ourselves for payment. I/we enter into this obligation for myself/ourselves and successors in title.

I have read and understand the full implications of this guarantee.

Signed..... Date.....
 (Director/s)

Name/s (please print in block capitals).....

In the presence of.....

INTERNAL USE ONLY

Estimated Monthly Spend: Credit Limit Requested:
 Date Referred to Credit Agency: Account Application Accepted:
 Credit Limit Awarded By: Credit Limit Awarded:
 Credit Limit to be Reviewed on: