



# ALFAST FIXINGS & FASTENERS LTD

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## APPLICATION FOR A CREDIT ACCOUNT

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS.  
FAILURE TO COMPLETE ALL SECTIONS MAY RESULT IN THE APPLICATION BEING INVALIDATED.  
PLEASE SUPPLY A SAMPLE OF YOUR LETTERHEAD WITH THIS APPLICATION FORM.

<b>COMPANY DETAILS</b>	
FULL TRADING NAME:	DATE OF INCORPORATION:
REGISTERED OFFICE ADDRESS:	COMPANY REGISTRATION NO:
	VAT REGISTRATION NO:
NATURE OF BUSINESS:	MONTHLY TURNOVER:
INVOICE ADDRESS:	STATEMENT ADDRESS (if different from Invoice Address):
TELEPHONE NO:	FAX NO:
EMAIL ADDRESS FOR SENDING INVOICES & STATEMENTS: <b>Note: This is a mandatory requirement on a credit account</b>	EMAIL ADDRESS FOR BUYER:
ACCOUNTS DEPT. CONTACT:	NAME OF BUYER CONTACT:
DO YOU REQUIRE YOUR PURCHASE ORDER NUMBER ON OUR INVOICES? YES / NO	CAN WE PROCESS AN ORDER WITHOUT WRITTEN CONFIRMATION? YES / NO
AMOUNT OF MONTHLY CREDIT REQUIRED:	PAYMENT METHOD: <b>REGRET, CHEQUES ARE NOT ACCEPTED</b> BACS / CHAPS/ CREDIT CARD

<b>BANK DETAILS</b> This section must be completed in accordance with Money Laundering Regulations 2007	
BANK NAME:	ACCOUNT NAME:
ADDRESS:	SORT CODE:
	ACCOUNT NO:

<b>SUPPLIER REFERENCES</b>	
SUPPLIER NAME (1):	SUPPLIER NAME (2):
ADDRESS:	ADDRESS:
TELEPHONE NO:	TELEPHONE NO:
FAX NO:	FAX NO:

**SOLE TRADER/PARTNER DETAILS** Please complete this section in full

If you trade as a **SOLE PROPRIETOR/PARTNERSHIP** please provide full details. Note: The address you provide must be your home address and not the trading address of your company. Date of birth is a mandatory entry to comply with data protection requirements when we conduct a search.

SOLE PROPRIETOR/FIRST PARTNER FULL NAME:	SECOND PARTNER FULL NAME:
DATE OF BIRTH::	DATE OF BIRTH:
HOME ADDRESS:	HOME ADDRESS:

**DIRECTORS DETAILS** Please complete this section in full

If you trade as a **PRIVATE LIMITED COMPANY OR PLC** please provide full details of principal directors. Note: The address you provide must be your home address and not the trading address of your company. Date of birth is a mandatory entry to comply with data protection requirements when we conduct a search.

DIRECTOR'S FULL NAME:	DIRECTOR'S FULL NAME:
DATE OF BIRTH::	DATE OF BIRTH:
HOME ADDRESS:	HOME ADDRESS:

**TRADING TERMS:**

Our terms for payment are **strictly 30 days from month of invoice** and non-negotiable, unless different terms have been agreed in writing by a director of Alfast Fixings & Fasteners Ltd. Non-compliance with these terms will result in credit facilities being withdrawn.

**DECLARATION:**

**This section must be signed by the Proprietor of the business. For limited companies, it must be a Director of the company who is applying for a credit account.**

**I / We apply for a credit account on the basis of having read and understood the Terms and Conditions of Sale attached and by signing below hereby agree to be bound by them in their entirety. I / We agree to Alfast Fixings & Fasteners Ltd to make a search with a credit reference agency and that this information will be used to support our request for credit facilities. Alfast Fixings & Fasteners Ltd will keep a record of that search but will be kept confidential and not shared with other businesses.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

TRADE REFERENCE NO.1 \_\_\_\_\_ TRADE REFERENCE NO.2 \_\_\_\_\_

RATING AGENCY SCORE AND RISK LEVEL \_\_\_\_\_ CREDIT LIMIT ADVISED BY BY RATING AGENCY \_\_\_\_\_

HISTORICAL PAYMENT PERFORMANCE \_\_\_\_\_ CREDIT RATING ADVISED BY RATING AGENCY \_\_\_\_\_

SALES LEDGER A/C NO. \_\_\_\_\_ DATE OPENED \_\_\_\_\_

MAX. CREDIT LIMIT \_\_\_\_\_ APPROVED BY \_\_\_\_\_