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A/C Number	
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Application for Credit Account
THIS FORM MUST BE COMPLETED IN BLOCK CAPITALS

1	FULL COMPANY NAME

2	TRADING AS – IF APPLICABLE

REGISTERED/HEAD OFFICE ADDRESS	
EMAIL :	
TELEPHONE NUMBER	

ADDRESS – IF DIFFERENT	
EMAIL:	
TELEPHONE NUMBER	

3.	COMPANY STATUS = LTD, PARTNERSHIP, SOLETRADER

4.	HOW LONG ESTABLISHED?

5 NAME & ADDRESS OF BANKERS	
SORT CODE:	
ACCOUNT NUMBER:	

6 NAME & ADDRESS OF ONE TRADE REFERENCE	

7.WORK AUTHORISATION CONTACT	

8. PERSON RESPONSIBLE FOR PAYMENT	

TERMS & CONDITION OF SALE

Damage to Vehicles:

1. All vehicles should be inspected upon delivery or collection as we cannot accept any further responsibility for damage to customer's vehicles once delivery has been taken, nor can we accept claims for rectification work without prior agreement.
2. Payment is due immediately, or where credit facilities have been agreed, within 30 days of date of invoice. Failure to do so results in 2% additional charge will be applied to the total amount owing at that time.
3. Retention of Title Notwithstanding that the risk in the goods as passed to the customer, ownership thereof shall not pass to the customer unless and until all the money owing to the company by the customer has been paid.