APPLICATION FOR COMMERCIAL CREDIT

Please complete and return to CPA Member:
W J OWEN ELECTRICAL LTD t/a
TROY ELECTRICAL LTD
Riverside, Beaufort, Ebbw Vale, NP23 5NT

Tel: (01495) 350 500 Fax: (01495) 350 650

Email: customer.services@wjowen.com
Web: www.troyelectrical.co.uk
We are members of the Credit Protection Association
020 8846 0000

Full name of Applicant (and trading name if different) ……

Trading address……

Tel No……Fax No……

Registered Office (if different from above)……

Business type: Limited Company ☐ Sole Trader ☐ Partnership ☐

Year trading commenced……..If Limited Company, Reg. No……

If Partnership give **full names** (not initials) and home addresses of **ALL** partners (Use a separate sheet if necessary)
1……
2……

REFERENCE
Name address, telephone number and contact details of 2 principal suppliers
Supplier1……
……Value of monthly Purchases £……
Supplier 2……
……Value of monthly Purchases £……

Name of Bankers……Branch……

Sort Code									**Account Number**								

Maximum anticipated monthly credit required from us £……

Name of the person responsible for paying our account on time……

DECLARATION BY APPLICANT SEEKING CREDIT

- *I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it may result in the matter being referred to the Credit Protection Association for recovery of the invoice debt; if so, we agree to indemnify you against the costs you incur in referring the matter to CPA to pursue the debt including CPA's current applicable fees for writing to us, any commission payable by you to CPA, all reasonable incidental costs of recovering the debt and interest as applicable.*
- *I understand that you may authorise a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses. It/they may also make enquiries about the directors/partners as applicable*
- *I authorise our bankers to provide an opinion as to our suitability for the requested account.*

SIGNED……**NAME** (Please print)……

DATE……**POSITION**……

(Now please return this form to the CPA Member shown above top right)