



PARAMOUNT POOLS LTD - CREDIT ACCOUNT APPLICATION FORM

Name of Company _____

Name of Applicant (Must be authorised signatory) _____

Status of Company (e.g. Ltd Co., Sole Trader Etc.) _____

Date Established _____

If Company, Company No _____ V.A.T. registered no. _____

Registered Office: _____

Delivery Address for Goods/Invoices (if different) _____

Telephone No: _____ Mob No: _____ Fax No: _____

Credit Limit Required _____

The amount of credit that will be issued will be based on account history and credit references received. **By offering a personal guarantee will enable us to increase the amount of credit offered.** Please check this box should you wish to do this

Bank Name _____

Address _____

Sort Code _____ Account Number _____

REFERENCES:

NB: Please give names of two existing suppliers who currently grant you equivalent credit to your requirements from Paramount Pool Products, and with whom you have been running an account for six months or more.

Trade Reference 1: Name _____

Address _____

Tel.: _____ Fax: _____

Email.....

Trade Reference 2: Name _____

Address _____

Tel.: _____ Fax: _____

Email.....

PAYMENT TERMS: STRICTLY MONTHLY ACCOUNT AS PER OUR TERMS & CONDITIONS AVAILABLE ON REQUEST

WHEN COMPLETED PLEASE EMAIL TO karen@paramountpools.co.uk

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