



Tel: 01963 828000  
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Rochford Garden Machinery Ltd  
Wincanton Business Park  
Wincanton, Somerset  
BA9 9RS  
www.rochfordgm.co.uk

info@rochfordgm.co.uk

Company Reg. No: 2311359

### CREDIT ACCOUNT APPLICATION FORM

Name (in full) \_\_\_\_\_

Business/Trading Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

No. of Years in Business \_\_\_\_\_

If under two years previous address \_\_\_\_\_

VAT No:- \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Web Address: \_\_\_\_\_

Dealer Principal: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Head of Sales: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Head of Service: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Head of Parts: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Number of employees: \_\_\_\_\_

\*Do you have showroom facilities: Yes / No      Size of showroom: \_\_\_\_\_

Franchises held: \_\_\_\_\_

\*If no showroom facilities are held then unfortunately we are unable to proceed with an account application as per our terms and conditions. If not sure, then please speak to your Area Sales Representative

Completion of an account application form does not constitute our intent to open an account. The company reserves the right to refuse credit status.

Name and address of two other traders with whom you have held a credit account for more than two years on a monthly basis.

1. .... 2. ....  
.....  
.....

Tel: .....Fax:..... Tel: ..... Fax:.....

Monthly credit limit required: £ .....

**TERMS**

If credit facilities are granted to me, I hereby agree to abide by the Company's terms of trading from time to time in force as set out in their premises. I also agree to settle all accounts by the 20<sup>th</sup> of the month following the month in which goods and services were supplied, unless otherwise stated. Payment by credit card for trade customers will incur a 1.5% charge. Interest will be charged on overdue accounts at 2% per month. Commercial machines shall be as per quotation and invoice.

I further agree that if the aforementioned accounts become overdue, I will pay interest on the overdue portion at the rate in force at that time, and understand that this interest will be debited directly to my account.

**TITLE OF GOODS**

All goods remain the property of Rochford Garden Machinery Ltd until their full price has been duly paid to Rochford Garden Machinery Ltd. Rochford Garden Machinery Ltd Terms and Conditions of Sale apply to all Goods. A copy of our current trading Terms and Conditions accompany this document.

Director/Partner/SoleTrader

Signature.....

Printed Name .....

Date .....

- Please return the Status Enquiry and Credit Application with a sheet of your headed notepaper.
- All our credit accounts are insured by CPA (Paid) Ltd, on receipt of a credit account application an online status enquiry will be viewed and taken into consideration.

**FULL NAME AND HOME ADDRESS OF  
DIRECTOR/PARTNER/SOLE TRADER** (please delete that which is not applicable)

NAME .....

ADDRESS .....

.....POST CODE .....

TEL NO: .....

**DIRECTOR/PARTNER/SOLE TRADER** (please delete that which is not applicable)

NAME .....

ADDRESS .....

.....POST CODE .....

TEL NO: .....

**DIRECTOR/PARTNER/SOLE TRADER** (please delete that which is not applicable)

NAME .....

ADDRESS .....

.....POST CODE .....

TEL NO: .....

**If a limited company, please give your registered office address:-**

NAME .....

ADDRESS .....

.....POST CODE .....

TEL NO: .....

**STATUS ENQUIRIES**

Enquiry From: Rochford Garden Machinery Ltd  
Wincanton Business Park  
Wincanton  
Somerset BA9 9RS

Your Ref:  
Our Ref: CA  
Date:

To: The Manager

\* Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Sort Code: - -

\*ACCOUNT NAME: \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\*ACCOUNT NO. 

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Please provide your opinion concerning the ability of your customer to meet a financial commitment of £            over            months.

We enclose your administration fee of £    . (including VAT).

<b>CONSENT</b>	
*I/We , authorise _____ branch to Provide a bankers opinion as stated above.	
*SIGNED: _____	*DATE: _____
*FULL NAME: _____	
*FOR AND ON BEHALF OF: _____ (Business Name)	

\*Please note: The consent box must be completed before the application can proceed. Where marked with a \* information needs to be entered, or otherwise form is deemed null and void.