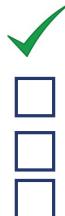




ACCOUNT APPLICATION FORM

APPLICATION CHECK LIST PRIOR TO SUBMITTING

- 1 Have you enclosed one form of identification?
- 2 Company letterhead (Limited company)?
- 3 Proof of address, such as bank, building society or credit card statement or recent utility bill (Sole trader/Partnerships only)?



Please return your completed credit application form via post to: -

Credit Control Department Swanson Mackay & co Ltd.

Unit 6, Freemans Parc, Penarth Road, Cardiff, CF11 8EQ or via Email to: - admin@swansonmackay.co.uk

TRADE CREDIT ACCOUNT APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

(for any enquiries relating to this form please call (CARDIFF 02920 706400 / TREFOREST 01443 843888 / BRIDGEND 01656 532299)

Where did you hear about us?

PLEASE SELECT YOUR PRIMARY BRANCH: CARDIFF TREFOREST BRIDGEND

YOUR BUSINESS DETAILS

COMPANY/TRADING NAME: _____

COMPANY ADDRESS: _____

POSTCODE: _____ TEL NUMBER: _____

MOBILE NUMBER: _____ E-MAIL: _____

ACCOUNTS CONTACT (if required): _____ E-MAIL: _____

IF PRIVATE ADDRESS: IS THIS ADDRESS: OWNED RENTED LEASED

TYPE OF COMPANY: SOLE PROPRIETOR'S PARTNERSHIP LIMITED COMPANY LLP PLC OTHER (please state below)

LIMITED COMPANIES ONLY:

COMPANY REGISTRATION NUMBER : _____ YEARS TRADING : _____

TRADE REFERENCE 1

VAT NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

POSTCODE: _____ TEL NUMBER: _____

CREDIT LIMIT: (£) _____

TRADE REFERENCE 2

COMPANY NAME: _____

ADDRESS: _____

POSTCODE: _____ TEL NUMBER: _____

CREDIT LIMIT: (£) _____

Credit limit you wish to apply for : (£) _____

BANK NAME _____ ADDRESS: _____ POSTCODE: _____

BANK ACCOUNT NUMBER: _____ SORT CODE: _____

Terms & Conditions are available on request or can be downloaded from our website. www.swansonmackay.co.uk

CUSTOMER AUTHORISATION FOR BANK REFERENCE

1/WE (CUSTOMER NAME) _____

OF (CUSTOMER ADDRESS): _____

Hereby authorize you to provide a reference on me/us in response to any requests you may receive from Swanson Mackay & Co Ltd, subject to payment of any related fee by the originator, without further reference to me/us.

This authority shall remain in force unless and until cancelled by me/us in writing

Signed: _____ Dated: _____

For and on behalf of: -

(This form should be signed by a Director/Partner/Owner or other such properly authorized person)

CUSTOMER DECLARATION/CREDIT GUARANTEE:

I/We the undersigned apply to Swanson Mackay & Co Ltd for credit facilities and declare that the information given above is accurate.

I/We agree to trade on to Swanson Mackay & Co Ltd Terms and Conditions of Sale as are applicable at the date of the transaction and confirm that I/We have read the Terms and Conditions of Sale contained in this form. to Swanson Mackay & Co Ltd reserves the right to terminate this agreement for credit forthwith without notice upon a breach by the customer

This is a legally binding document. We recommend each personal guarantor seeks independent legal advice as to his or her liabilities under this document before signing it. In consideration of to Swanson Mackay & Co Ltd agreeing to grant credit facilities to the Applicant, you, the undersigned, unconditionally guarantee the due and punctual performance and discharge of all of the Applicant's current and future financial obligations to to Swanson Mackay & Co Ltd , including any subsequent increase(s) in credit limit and all interest and late payment charges upon such sums. Please refer to the full terms and conditions relating to this personal guarantee and indemnity section 56).

NAMES AND HOME ADDRESSES OF DIRECTORS OR PARTNERS

(PLEASE STATE IF NONE. ALL DIRECTORS/PARTNERS LISTED MUST SIGN)

1. FULL NAME 1: _____ **POSITION** _____

ADDRESS: _____

POSTCODE: _____ DATE OF BIRTH: _____ SIGNATURE: _____

2. FULL NAME 2: _____ **POSITION** _____

ADDRESS: _____

POSTCODE: _____ DATE OF BIRTH: _____ SIGNATURE: _____

If you open an account, we may search the files of credit reference agencies who will record the search, and we may share that information about the way in which you conduct your account with other lenders and with credit reference agencies. If you do not wish for us to carry out such a search then please do not complete this form. We may need to disclose your information to our agents. We will record your purchasing preferences and may use your information for marketing. We may pass your information to our group companies or other carefully selected third parties and we, Or they may wish to contact you with offers of goods or services which may interest you. We will only do this if you do not object below to us doing so.

1. Please tick here if you do not want us to contact you with information about goods and services which we feel may be of interest to you by:

post telephone email

2. Please tick here if you do not want us to disclose your personal data to selected third parties (including other companies within our group) so that they can provide you with information about their goods or services Under the data protection act, you have the right to apply for a copy of the information we hold on you (for which we may charge a small fee) and to correct any inaccuracies.

BRANCH USE ONLY

ATTACH PROOF OF I.D. (Fill in to indicate which proof of ID you have attached)

COMPANY LETTERHEAD (if applicable)

DRIVERS LICENCE

BANK/ CREDIT CARD/ UTILITY BILL

SIGNATURE OF FINANCE MANAGER: _____ **PRINT:** _____ **DATE:** _____

PAYMENT TERMS: _____ **BRANCH** _____ **ACCOUNT NUMBER:** _____ **CREDIT LIMIT APPROVAL:** _____