

Your business details

Name _____	Date of Birth (if sole trader) _____
Trading Name (if different from above) _____	_____
Address: _____	Phone: _____
_____	Fax: _____
_____	Mobile: _____
Post Code _____ email: _____	
Previous address (if less than 2 years at present address)	Trading Style: (please tick)
_____	<input type="checkbox"/> Sole Trader <input type="checkbox"/> LLP
_____	<input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Company
_____	<input type="checkbox"/> Other
Payment Contact Name: _____	Company Registration Number

Please supply proof of your address such as copy of current utility bill or sample of your letter headed paper

Have any of the principals (directors/partners/trustees or proprietor) been involved in a Liquidation/Bankruptcy/IVA/CVA/Receivership or had any CCJ's registered against them ? No Yes

How long have you been established? _____

Payment Method BACS Cheque Cash **Credit Card (subject to a 2.5% handling charge)**

Will official order numbers be mandatory?

Credit Guarantee – To be completed by the owner/director/company secretary of the company applying for credit.

In consideration of your agreeing to supply goods to the applicant company on credit, we the undersigned being owners/director/directors of the applicant company jointly and severally guarantee payment of all the financial obligations to CMB Distributors and its subsidiaries and successors including financial obligations arising from any increase in the credit limit granted by CMB Distributors or its subsidiaries and successors from time to time following review of the applicant company's account.

Signature <input type="text"/>	Signature <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>	Date <input type="text"/>
Print Name <input type="text"/>	Print Name <input type="text"/>	Print Name <input type="text"/>

Names and home addresses of Directors/Partners/Trustees

Name: _____	Name: _____	Name: _____
Date Of Birth: _____	Date Of Birth: _____	Date Of Birth: _____
Address: _____	Address: _____	Address: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Post Code: _____	Post Code: _____	Post Code: _____
Telephone: _____	Telephone: _____	Telephone: _____

Please ensure that ALL sections have been completed

I/we make this application to open a credit account with CMB Distributors.
 I/We understand that the credit terms are that payment is due promptly at the end of the month following the date of invoice and that if credit is granted, I/We agree to pay in accordance with these terms. I/We acknowledge and accept the CMB Distributors Terms and Conditions of Sale

Credit Limit Required £ _____

Signature of Applicant _____

Print Name: _____ Date: _____