



# MICHAEL PAVIS LIMITED

## NEW ACCOUNT APPLICATION FORM & AGREEMENT TO TERMS & CONDITIONS

Please complete form in **BLOCK CAPITALS**

*All applications must be accompanied by your official letter headed paper*

### Company Information

FULL TRADING TITLE:	VAT NUMBER:
LIMITED COMPANY / NON LIMITED COMPANY (Please delete)	COMPANY REG'D NUMBER:
HOW LONG TRADING:	GAS-SAFE NUMBER:
AMOUNT OF CREDIT REQUESTED £:	ANTICIPATED MONTHLY SPEND £:

### Contact Details

TRADING ADDRESS:	REGISTERED OFFICE: (if different)
POSTCODE:	PURCHASE LEDGER CONTACT:
TELEPHONE NUMBER:	FAX NUMBER:
MOBILE NUMBER:	EMAIL ADDRESS:
HOW WOULD YOU LIKE TO RECEIVE YOUR INVOICES & CREDIT NOTES	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> POST
HOW WOULD YOU LIKE TO RECEIVE YOUR STATEMENTS	<input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> POST

### Directors / Proprietors Details

NAME:	ADDRESS:
DATE OF BIRTH:	
NAME:	ADDRESS:
DATE OF BIRTH:	
NAME:	ADDRESS:
DATE OF BIRTH:	
Are any of the directors, owners or partners on undischarged bankrupt?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have any of the directors been involved in a liquidation or receivership?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give details:	

## Bank Details

NAME:

SORT CODE:

ADDRESS:

ACCOUNT NUMBER:

PAYMENT BY: CHEQUE / BACS / DEBIT CARD (Please delete)

## Trade References – Please provide TWO Trade References

NAME 1):

NAME 2):

ADDRESS:

ADDRESS:

CONTACT:

CONTACT:

TELEPHONE NUMBER:

TELEPHONE NUMBER:

FAX NUMBER:

FAX NUMBER:

CREDIT LIMIT £:

CREDIT LIMIT £:

## Acceptance of Terms & Conditions

I hereby acknowledge receipt of, and full acceptance of, the Conditions of Sale of Michael Pavis Ltd  
(PLEASE RETAIN THE CONDITIONS OF SALE FOR YOUR RECORDS)

**THIS APPLICATION MUST BE SIGNED AND DATED BY A DIRECTOR OR PARTNER**

I authorise Michael Pavis Ltd to make a search through credit reference agencies in order to ascertain status and credit worthiness. I also acknowledge that this information may be shared with other businesses. Such searches may also collate information relating to Directors and Partners.

PRINT FULL NAME:

POSITION IN COMPANY:

SIGNED:

DATE:

## Internal Use

ACCOUNT NO:

REP:

CREDIT LIMIT:

PASSED BY:

AREA:

TERMS:

DATE:

TYPE: