



CPD Application for Credit Account

Trading Name (Please attach letterhead or copy of Official Purchase Order)		Limited Co.? *YES / NO <small>*Delete as applicable</small>
Statement Address		Registered Company No.
Postcode		Registered Office
Telephone No.	Fax No.	Email
Nature of Business	Buyers Name	Name(s) of Director(s)

ALL SECTIONS *MUST BE* COMPLETED

Enter full name and home address of Directors/Partners including Title, Forename and Date of Birth

Title	Title	Title
Forename	Forename	Forename
Surname	Surname	Surname
Date of Birth	Date of Birth	Date of Birth
Address	Address	Address
Postcode	Postcode	Postcode
Tel No.	Tel No.	Tel No.

Please supply two trade references that will support credit facility required

Name	Name
Address	Address
Postcode	Postcode
Tel No. Fax No.	Tel No. Fax No.

Have you had an account with us previously? If yes, under what name?

Credit Limit Required £

We request a credit trading account with CPD and authorise their investigation of our credit status. We acknowledge receipt of a copy of the current terms and conditions and agree to such terms and any amendments to these terms as may appear from time to time on the reverse of all delivery notes.

IMPORTANT – YOUR DATA: In accordance with UK Data Protection Law, CPD will hold, process and use your personal data in order to provide or market to you products and services. If appropriate, we may search the files of one or more credit reference agencies who may make a record of that search. This information will be used only to help make credit decisions affecting you or occasionally for the prevention or chasing of debtors.

You have the right to ask for a copy of information relating to you that is held by us in our records (in return for the payment of a small fee). You also have the right to require CPD to correct any inaccuracies in any information held by us about you and you may object to your details being used for direct marketing purposes.

Signed: _____ Position: _____ Date: _____

FOR CPD USE ONLY		
Salesperson	Branch	Customer Category Type
Credit Limit	Account No.	
Date & Authorisation	Terms	
	Review Date	

PLEASE RETURN THIS FORM TO YOUR LOCAL BRANCH