

Credit Facility Account Application Form

Fax completed form to: 0845 600 9189 For help completing this form please call: 0845 600 9187 White House Farm, St James Road, Goffs Oak, Herts EN7 6TR

Completed form to be returned by clicking submit button below

This formed must be electronically signed below by a director or owner of the business

COMPANY DETAIL	S		
Full Trading Name:		Type of Company:	
Name of Sole Trade	r/Partners:		
Sole Trader time trading:		Main Business Activity:	
Trading Address:			
Postcode:	Telephone No:	Fax	x No:
Registered Office: Postcode:	·		
Accounts E-mail:		Name:	
Purchasing E-mail:		Name:	
Registered address:			
V.A.T No:	Co. Reg No:	Credit limit required:	
BANK DETAILS			
Bank Name:			
Bank Address:			Postcode:
Bank Account No:		Sort Code:	
TRADE REFERENC	CES		
Trade Reference A		Trade Reference	ce B
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Telephone No:		Telephone No:	
Fax No:		Fax No:	
•		Yes: No:	If yes, please e-mail copy to creditcontrol@jpmcontractors.co.uk
By ticking yes declaratio	re based on the Model CPA. I/we a	inderstood and accep	pted the terms & conditions of JPM

Name: Date:

By checking this box you agree to the above terms and confirm that you are authorised to do so Electronic Signature: Position in company:

We use a third party credit referencing agency to obtain a decision based on your company credit position.

We expect this to take 1-3 working days in normal circumstances, in the interim we are happy to trade with you on a C.O.D basis. Please rest assured the time quoted above is for guidance and we can sometimes improve upon this.