



Service on Display

# Credit Account Application

Page 1 of 2

Company Name:	
Trading Address:	
Postcode:	
Company Registration No:	VAT Number:
Trading Style (if not Limited):	Please provide proprietor details below if not a Limited Company
Proprietor's full name and address:	Proprietor's full name and address:
Postcode:	Postcode:
Invoicing address (if different from trading address):	
Delivery address:	
Purchasing Contact:	Accounts Contact:
Telephone:	Telephone:
Email:	Email:
Do you use purchase orders?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Email for invoicing:
Credit Limit Required:	Payment Method:
<b>Credit terms 30 days end of month</b>	
Non Ltd companies only, please provide two trade references below.	
Company Name:	Company Name:
First line of Address:	First line of Address:
Postcode:	Postcode:
Contact Name:	Contact Name:
Contact Telephone:	Contact Telephone:
Contact Email:	Contact Email:

Leeds - Tel: 0113 277 4848

Leicester - Tel: 0113 385 8363

London - Tel: 0113 385 8373

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## Declaration and Data Protection Notice

I/we confirm that the information given in this credit application form is in all respects true and accurate. I/we confirm that I/we have read and understood your terms and conditions and I/we unconditionally accept that those terms and conditions shall be the only ones that apply to all sales contracts which I/we may conclude with you.

### Data Protection Act 1998 Notice

Words shown in italics are defined in the data protection act 1998. When I/we provide you with personal data, I/we understand that the data will be held securely in confidence and processed for the purpose of carrying out trade. In considering your application, I/we accept that you may consult with and disclose data to credit references agencies, banks, credit insurers and other trade references supplied by yourselves. I/we understand that under the Act I/we have the right to know in writing what data you hold on me/us if I/we apply to you in writing and pay the applicable fee.

To be signed by a Director / Partner / Proprietor

Name:

Signature:

Position:

Date:

## IMPORTANT!

Please return your completed application to: [accounts@ppb.uk.com](mailto:accounts@ppb.uk.com)

Please do NOT return this form without a signed copy of our Terms and Conditions of Trading AND your company letter head. We will not be able to open your account without this documentation.

Credit accounts may take up to 24 hours to open.

Leeds - Tel: 0113 277 4848

Leicester - Tel: 0113 385 8363

London - Tel: 0113 385 8373

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[sales@ppb.uk.com](mailto:sales@ppb.uk.com) | [www.ppb.uk.com](http://www.ppb.uk.com) | LinkedIn: [ppb-limited](#)

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