





Unit A11, Setters Farm & Workshops, Mount Pleasant Lane, Lymington, Hampshire, SO41 8LS

Tel: 01590 688257

E: info@dialadigger.co.uk www.dialadigger.co.uk

Account Application Form

Date of application:			
Company Details			
Business/Trading Name:			
Business/Trading			
Address:			
Registered Address (if			
different):			
Main Tel :			
Mobile No:			
Limited Companies Only	Company Registration No:		
	Date of formation:		
	Parent Company Details:		
	Vat Registration No:		
Partnerships & Sole	Home address(es) of proprietor/	'all partners	
Traders Only	Full Name:		
	Date of Birth:		
	Home Address:		
	Full Name:		
	Date of Birth:		
	Home Address:		
	Home Address.		
Are any of the directors, ov	vners or partners in this busine	ss un-discharged	
bankrupts? (Y/N)		-	
Have any of the directors, of	owners or partners of this busir	ness held any other credit	
accounts with this company	-	•	
If so, please list account			
names			







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Key Contact Names – Accounts, Purchasing, Directors etc.							
Name	Position	Telephone	Email Address				
		·					
E-Newsletter Sign Up							
Opt in to receive inform	nation, offers and ide	eas from DIAL-A-					
DIGGER by email (sent							
email address/s you wo		. ,					
How can we work with	ı you?						
Would you like invoices	s & statements emai	led (Y/N)					
If yes, email address fo	r invoices to be sent	to:					
If yes, email address fo	r statements to be se	ent to:					
What can we do that w	vill help you with the	ordering and invoice	e process?				
Bank Details							
Bank Name:		Account Numl	Account Number:				
		Sort Code:					
Bank Address:		<u>.</u>					
Credit Limit Required							
		•	ence agencies and other third parties who may record				
those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies to other third parties may be used when assessing further applications for							
credit terms, for debt collection	, for tracing and for fraud pr		hereby confirm that if credit facilities are approved the				
account will be paid as per your	normal monthly terms.						
I/We hereby accept and will abide by Terms & Conditions as detailed (Must be signed by a director, partner or proprietor of the business)							
Signed	de by Terms & conditions as	Print Name:	y a director, parties of proprietor of the businessy				
		Company Posi	ition				
Date		1 22					
Terms: Payment strictly 30 days net. Due on the 30th of each month. We reserve the right to refuse or cancel any account at any time.							
Completed forms and all payments to be sent to above address.							
Completed forms must be accompanied with company headed paper							







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Trade References	
Please refrain from prov	riding names of national companies as they will not oblige in this regard
Company 1	
Address:	
Tel No:	
Email address:	
Company 2	
Address:	
Tel No:	
Email address:	
Company 3	
Address:	
Tel No:	
Email address:	







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Office Use Only				
Trading Experience				
Bankrupt Directors				
Suggested Credit Limit		Risk		
Tangible Net Worth				
Trend				
Working Capital Trend				
Net Worth x 10%		Working C	apital x 5%	
A/C Open Letter Sent Date	9	Agreed	£	Ву
		Credit		
		Limit		
Authorised By		Checked By		
Date				
Comments				