



CREDIT ACCOUNT APPLICATION FORM
Please complete in BLOCK CAPITALS

BUSINESS DETAILS

Business Name, Trading Name, Trading Address, Post Code, Telephone No. Including STD, Fax No. Including STD, Mobile No., Email, Registered Number, HPC Registered Number, Contact Name, Position, Profession/Trade/Type of Business, VAT No., Date Established, No. of Employees, No. of Years Trading, Bank Details, Name, Address, PostCode, Account No., Sort Code

TYPE OF COMPANY (Please tick one box)

Limited/plc, Non Limited, Sole Trader, Partnership, Limited Liability Partnership, Is the Business a Franchise?, Please enter home address in box (Sole Trader/Partners) below.

SOLE TRADER/PARTNERSHIP DETAILS

1. Title, Initials, Surname, Address, Postcode, Telephone No. Including STD, Length of time at address, Have you/your partner ever had a Bankruptcy, County Court Judgement or Default? 2. Title, Initials, Surname, Address, Postcode, Telephone No. Including STD, Length of time at address, Have you/your partner ever had a Bankruptcy, County Court Judgement or Default?

Please note we require both partners home address details. If at present address for less than 3 years please include on separate sheet address(es) to cover last 3 years

TRADE REFERENCES

1. Trading Name, Trading Address, Postcode, Telephone No. Including STD, Fax No. Including STD, 2. Trading Name, Trading Address, Postcode, Telephone No. Including STD, Fax No. Including STD

ACCOUNT OPTIONS

Credit Limit Required, Payment Options - Please indicate which method of payment you require (Please tick), Payment direct into bank account, Giro, Bankers draft/Postal Orders, Credit/Debit Cards, Cheque

By signing this agreement you declare that: a) You have read and understood our Terms and Conditions overleaf. b) The Information given by you when applying for this account is correct and we may rely upon it. c) You are authorized to bind the Account Holder to this agreement by signing it. Signed for and on behalf of - Trading Name, Signature, Position, Name (Print), Date

PLEASE FAX BACK TO 01225 707199, OR SEND TO C&P MEDICAL TRADING LTD. UNIT 1, AVRO BUSINESS CENTRE, AVRO WAY, BOWERHILL ESTATE, MELKSHAM, WILTSHIRE, SN12 6TP FOR FURTHER ASSISTANCE PLEASE CALL 01225 707188

METHODS OF PAYMENT

- **Payment terms are 30 days from date of invoice. We accept the following methods of payment:-**
- **Credit/Debit cards**
We accept the following cards (MasterCard/Visa//Switch/Delta/Solo/JCB)
- **Cheque**
Cheques should be made payable to C+P Medical Trading Ltd.
- **Direct credit into C+P Medical's bank account**
For bank to bank transfer information please contact us.
Please phone or fax to notify C+P Medical that payment has been made; quoting the invoice no. you are paying.
- **Banker's draft/Postal orders**
To be made payable to C+P Medical Trading Ltd.
- We may set a reasonable credit limit for you. We reserve the right to terminate or suspend the contract if allowing it to continue would result in you exceeding your credit limit or your credit limit is already exceeded.
- If you default on making payment, the entire balance of your account shall be payable and we may charge you interest on the account, together with costs and expenses.
- If you do not make payment on the due date, then we may cancel the contract or suspend any further deliveries to you.

ALL GOODS REMAIN THE PROPERTY OF C&P MEDICAL TRADING UNTIL PAID FOR IN FULL.

DELIVERY

- A standard delivery charge of £7.50+VAT will be charged on all orders under £85 (exclusive of VAT). (Northern Ireland and the Shetland Isles carry an extra charge).
- Delivery is free on orders over £85 (exclusive of VAT).
- We ship outside of the UK or to Northern Ireland and the Shetland Isles at an extra charge. We will happily export goods to anywhere in the world. For a competitive quote please contact us. Flammable goods cannot be exported.
- All orders received before 3pm will be dispatched for delivery next working day. (Monday to Friday). 9-5:30pm.
- Goods may only be returned with prior consent.
- Saturday delivery is subject to a surcharge (please contact C&P Medical to discuss).
- Any discrepancy in deliveries must be notified within 24 hours of receipt of order.

OPENING TIMES

- 9am – 5:30pm Monday to Friday
- Answer machine outside office hours.

GENERAL

- Prices are exclusive of VAT.
- Free samples are available upon request with certain products.
- A credit note will be issued for any items returned or for any overpayments, which can be redeemed against your next C+P Medical order. Please quote date and credit note number.
- Please ensure that the number of boxes/pallets received corresponds to courier delivery note as discrepancies of this nature cannot be later rectified.
- **Always follow manufacturer's guidelines in full.**
C+P Medical Trading Ltd will not be held accountable for any misuse of products.

DATA PROTECTION

Please note the following regarding the Data Protection Act 1998.

We may transfer information about you to our bankers/financiers for the purposes of providing services for the following purpose:-

- Obtaining credit insurance
- Making credit reference agency searches
- Credit control
- Assessment and analysis (including credit scoring, product and statistical analysis)
- Protecting our interests

We will provide you with details of our bankers/financiers and that of any credit reference agencies used on request.