



Please return to: Pilkington Oils
Edward Street,
Chorley,
Lancashire,
PR6 0RE

Pilkington Oils
Telephone 01257 262 485 Fax 01257 274 180

SECTION A

Account Name

Account Address

Telephone Number Fax Number

Mobile Number How long at this address?

Accounts Contact Name Buyer

*If less than 3 years,
previous address*

Invoice address if
different from above

Nature of Business

Number of Years Trading

SECTION B (For limited Companies)

Address of Registered Office

Registration Number Date of Registration

SECTION C (For Sole Traders and Partnerships)

Names of Partners

Private addresses of all Partners

Telephone Numbers (Private)

State Home Owned Rented

SECTION D

Trade References
(Trade Suppliers)

Minimum 12 months

1.

Tel No. _____
Fax No. _____
A/C No Held. _____

PLEASE NOTE:
Trade References
supplied
must support
amount
of Credit Required

2.

Tel No. _____
Fax No. _____
A/C No Held. _____

3.

Tel No. _____
Fax No. _____
A/C No Held. _____

SECTION E

Do you supply Official Written Orders? YES / NO

Credit Limit
Required each month £

NB. If Official Written Orders are not submitted we cannot accept responsibility for goods incorrectly charged to the account.

PLEASE NOTE:
A sample of your headed paper is required with this application.

Your requirements
(Please Tick)

	Approx Monthly Requirements (in litres)	Approx Monthly Requirements (in £'s)
<input type="checkbox"/> Gas Oil	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Burning Oil	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Eco Green	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Lubricants	<input type="text"/>	<input type="text"/>

SECTION F

Declaration

I/We confirm the information given here is correct and have read and accept your trading terms and conditions, in particular clause fourteen, a copy of which is available upon request. I/We also consent to Pilkington Oils making a search with a credit reference agency, which will keep a record of that search and will share information with other businesses. They may also make enquiries about the principal directors with a credit reference agency. Credit facilities will not be granted until the application form is fully completed and references taken up and reviewed. Pilkington Oils reserve the right to decline any application without giving reason. Credit limits and payment terms must be adhered to and cannot be exceeded. Periodical reviews will be carried out on the account. Accounts which are dormant for six months will be discontinued and can only be re-opened on re-application. Failure to comply with our terms and conditions will result in withdrawal of credit facilities and any sums outstanding will become payable immediately. We reserve the right to amend credit facilities, terms and conditions or to withdraw credit facilities at any time.

Signed _____ Status _____

In the case of a company, this form must be signed by a Director.

In the case of a partnership both must sign.

Print Name _____ Date _____

Credit Control Use Only	
Credit Limit Approved for £ _____	Date Account Opened _____
Customers Account No _____	Area Code _____ Rep Code _____
TI Reference No _____	Payment Method DD <input type="checkbox"/>
Bank Status Report _____	BACS <input type="checkbox"/>
Payment Terms _____	D.D Claim Dates _____

Request for a Bank Reference / Status Enquiry

To: _____

Bank: _____

Address: _____

Acc No _____ A/C Name _____

We hereby authorise the request of Pilkington Oils for a current status enquiry and any such future enquires they wish to make.

Signed _____ Name _____

Please complete the Direct Debit form. Originators Identification Number: 690764



To the Manager _____ _____ Bank/Building Society
Address _____ _____ _____ Post Code _____

Instruction to your bank or building society to pay direct debits

Please complete parts 1 to 4 to instruct your branch to make payments direct to your account. Then return the form to: **Pilkington Oils, Edward Street, Chorley, PR6 0RE**

1. Please write the full postal address of your branch in the box above.
2. Name of account holder _____
3. Account number _____
Sort code:

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Banks/Building Societies may refuse to accept instruction to pay Direct Debits from some types of accounts.

Customers Name: **R, S & M Pilkington T/A Pilkington Oils**

Customer Reference: _____

4. Your instructions to the bank/building society and signature.

- I instruct you to pay direct debits from my account to the request of Pilkington Oils
- The amounts are variable and may be debited on various dates.
- I understand that Pilkington Oils may change the amounts and dates.
- I will inform the bank/building society in writing if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which breaks the terms of instruction, the bank/building society will make a refund

Signature(s) _____ Date _____



This guarantee should be detached and retained by the Payer

<p><u>The Direct Debit Guarantee</u></p> <p>This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.</p> <p>If the amounts to be paid or the payment dates change Pilkington Oils will notify you 10 working days in advance of your account being debited or as otherwise agreed.</p> <p>If an error is made by Pilkington Oils or your Bank Or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.</p> <p>You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.</p>	
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