

GROUND CARE Credit Account Application



Please **PRINT CLEARLY IN CAPS** and answer all relevant questions on FRONT and REVERSE to avoid delays in raising the account or the return of this form for completion.

Spaldings Limited, Sadler Road, Lincoln LN6 3XJ
Tel: 01522 507500 Freefax: 0800 3894979

Date: / / 20..... Form completed by:

Signed:

1. CUSTOMER DETAILS

Company Name:

Are you a Limited Company: YES / NO* If YES – Registration No:

If NO – Your Trading Name:

Trading Address:

.....
..... Post Code:.....

Tel. No: Fax No:

E-mail Address:

No. of Years Trading / Date Est'd: VAT No:

2. PROPRIETOR DETAILS (if applicable)

Proprietors Full Name: Date of Birth:

Proprietors Address:

..... Post Code:

Tel. No: Mobile No:

E-mail:

3. INVOICING / ACCOUNT DETAILS

Invoicing Address (if different from above):

..... Post Code: Also Delivery Point: YES / NO*

Accounts Tel No: Accounts Fax No:

Accounts Contact:

Accounts E-mail:

SPALDINGS USE ONLY

Rep. No: Region: Sales Area:

Classification: Grid Ref:

County Code: Borough Code:

4. EXISTING ACCOUNT DETAILS

Does the applicant have an existing account with Spaldings either in his own name or in association with another customer? YES / NO*

If YES – Spaldings Account No:

Company Name:

5. PAYMENT TERMS:

Payment **20th of the month** following date of despatch (subject to appraisal).

Customer aware of credit terms: **YES / NO***

We will make a search with a credit reference agency, which will keep a record of that search and share that information with other businesses. We also may make enquiries about the principal directors with a credit reference agency. We will monitor and record information relating to your trade performance and such records will be made available to credit reference agencies, who will share that information with other businesses in assessing applications for credit and fraud prevention.

Customer Signature:

SPALDINGS USE ONLY

Account No: Invoice Type:

Short Name: Export: YES / NO*

Price Table: Credit Limit:

Form raised by:

Form countersigned by:

Credit Checked YES / NO* By:

Copy of Form sent to – (Rep/Distribution):

Order waiting to be processed: YES / NO* Approx. value of order:

Account input by:

Information on Prism checked by:

Information on Marketing checked by:

This account has been specially authorised to be opened by:

(to be signed by a Director only).

*Please delete where applicable

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6. FIRST DELIVERY POINT DETAILS

Company Name: Contact Name:

Delivery Address: Title: Position:

..... Purchasing Responsibility:

..... Postcode: Tel No:

Special Delivery Times Required (ie before 4pm): YES / NO* Mobile No:

If Yes – Days / Times: Fax No:

..... E-mail:

7. INFORMATION

A. From time to time Spaldings may contact you by TELEPHONE or POST about products and information we believe will interest you.
If you **DO NOT** wish to receive this material; please TICK here:

B. From time to time Spaldings may contact you by E-MAIL about products and information we believe will interest you.
If you **DO NOT** wish to receive this material by e-mail; please TICK here:

SPALDINGS USE ONLY

Short Name: Delivery Point Number: Delivery Method (Code):

Rep. No: Region: Sales Area: Classification: Organisation Type:

Grid Ref: County Code: Borough Code:

8. SECOND DELIVERY POINT DETAILS (if applicable)

Company Name: Contact Name:

Delivery Address: Title: Position:

..... Purchasing Responsibility:

..... Postcode: Tel No:

Special Delivery Times Required (ie before 4pm): YES / NO* Mobile No:

If Yes – Days / Times: Fax No:

..... E-mail:

9. INFORMATION

A. From time to time Spaldings may contact you by TELEPHONE or POST about products and information we believe will interest you.
If you **DO NOT** wish to receive this material; please TICK here:

B. From time to time Spaldings may contact you by E-MAIL about products and information we believe will interest you.
If you **DO NOT** wish to receive this material by e-mail; please TICK here:

SPALDINGS USE ONLY

Short Name: Delivery Point Number: Delivery Method (Code):

Rep. No: Region: Sales Area: Classification: Organisation Type:

Grid Ref: County Code: Borough Code:

10. CUSTOMER ORGANISATION
TYPE (please TICK one only):

- Airport
- Charity Organisations
- College
- Community Service
- Contractor (sml med lge)
- Country Clubs & Hotels
- Export
- Finance House
- Fleet Management Services (council)
- Football Club
- Forestry Commission
- Garden Machine Repair (sml med lge)
- Golf Course
- Holiday Park
- Hospital
- Housing Associations
- Housing (council)
- Local Authority
- Ministry Of Defence
- National Trust
- Nursery & Garden Centres
- Parks & Open Spaces (private)
- Prisons & Institutes
- Plant & Equipment Hire
- Race Course
- Retail Outlets
- School
- Spaldings Supplier
- Sports Grounds & Leisure Centres
- Stately Homes & Estates
- Tourist Park
- Trade/Dealer/Competitor
- Tree Surgeon & Forestry
- Turf Grower
- University
- Water/Energy & Utility Groups
- Other – Please state:

OTHER DETAILS

*Please delete where applicable