

No Climb Products Limited Credit Account Application Organisation	<b>Phone</b> +44 (0) 1707 282760	No Climb Products Ltd Edison House 163 Dixons Hill Road Welham Green, Hertford- shire AL9 7JE, United Kingdom
Company Name:	Company Registration Num	ber:
Legal Owner: (Proprietor/Holding Co.)	VAT Reg No:	

## **Registered Office Address**

Line 1		County/State:	
Line 2		Post Code:	
Line 3		Country:	
Line 4	Tel:		Fax:

#### **Accounts Contact**

Name:	Tel:
Email Address:	Fax:

#### Contact for new product & pricing updates

Name:	Tel:
Email Address:	

# Invoice/Statement Address

Line 1		County/State:	
Line 2		Post Code:	
Line 3		Country:	
Line 4	Tel:		Fax:

### **Purchasing Contact**

Name:	Tel:
Email Address:	Fax:

# Contact for sending invoice

Name:	Tel:

Email Address:

#### Financial

Estimated Monthly Spend with NCP:	Expected Annual Level of Business with NCP:
How long have you been trading:	What is your annual turnover:
Are your premises leased / owned:	How many people do you employ:

## Please supply two UK trade references

### Reference 1

Company Name:		County/State:	
Line 1		Post Code:	
Line 2		Country:	
Line 3	Tel:		Fax:
Contact Name:		Contact Email Address:	

## Reference 2

Company Name:		County/State:	
Line 1		Post Code:	
Line 2		Country:	
Line 3	Tel:		Fax:
Contact Name:		Contact Email Address:	

Payment is to be made by BACS transfer only (no cheques acceptable).

Our payment terms are 30 days from date of invoice.

Full terms and conditions can be viewed on our <u>website</u>. Please sign and date below to indicate your acceptance of our terms and conditions. Failure to abide by these terms will result in the immediate withdrawal of credit facilities.

Signed:	Position:	Date:

#### NCP office use only

Prepared By:	Authorised by:	Credit Limit Given:
Value of sales orders in the last 12 months:	No. of sales orders in the last 12 months:	Acceptance letter sent: