

Account Application Monthly Credit Facilities

PA Seccombe & Son Ltd/Seccombe Bros Ltd | Syon Lane | Isleworth | TW7 5PW

Accounts are set up with all companies to enable you to trade with all aspects of Seccombe Group.			
Company Name			
Address			
Telephone Number	Nature of Business		
Period of Trading	Company Reg No		
Name of Directors			
Address of Registered Office			
Email Address			
Amount of Monthly Credit Required (£)			
PLEASE STATE IF GOODS ARE ONLY TO BE SUPPLIED AGAINST WRITTEN AUTHORITY: YES NO			
Please submit three trade references relevant to your business:			
1. Name:	Tel:		
Address:			
2. Name:	Tel:		
Address:			
3. Name:	Tel:		
Address:			
Bankers Name,			
Address & Tel:			
Please sign accepting our Terms & Conditions:			

NB: The signed original bank consent must be typed on your letterhead to be valid. Please return all correspondence to Isleworth branch



Account Application Consent Form

(To be typed on your headed paper)

I/We authorise the Bank to supply status enquiry responses to enquiries received on accounts held by me/us from time to time, which relate to my/our trading relationship with Seccombe Group.

I/We understand that this is a blanket authority and that the Bank will respond to each enquiry made on me/us without my/our express authority on each occasion until such time as cancelled by me/us in writing.

I/We understand that a copy of the Bank's reply can be sent to me/us upon request.

Accounting Holding Branch	Bank Plc	
Bank Account Number		
Sort Code		
Signature	Date	
Oignature	Date	
Name in Full		