



CREDIT ACCOUNT APPLICATION FORM

Please complete in BLOCK CAPITALS

BUSINESS DETAILS

Business Name..... Profession/Trade/Type of Business.....
 Trading Name..... VAT No.....
 Trading Address..... Date Established.....No. of Employees.....
 No. of Years Trading.....
 Post Code..... **Bank Details**
 Telephone No. Including STD..... Name.....
 Fax No. Including STD..... Address.....
 Mobile No. PostCode.....
 Website.....
 Email..... Account No.....
 Registered Number..... Sort Code.....
 HPC or FHP Registered Number..... Sales Person at C&P.....
 Contact Name..... How did you hear about us?

Sign Up To Our Mailing List: Yes No (please tick one box)

Invoice Address if Different From Above	Delivery Address if Different From Above
.....
.....Postcode.....Postcode.....

TYPE OF COMPANY (Please tick one box)

Limited/plc Non Limited Sole Trader Partnership Limited Liability Partnership

Is the Business a Franchise? Yes No Please enter home address in box (Sole Trader/Partners) below.

SOLE TRADER/PARTNERSHIP DETAILS

1. Title..... Initials..... Surname.....	2. Title..... Initials..... Surname.....
Address.....	Address.....
.....Postcode.....Postcode.....
Telephone No. Including STD.....	Telephone No. Including STD.....
Length of time at address..... Years..... Months. D.O.B.....	Length of time at address..... Years..... Months. D.O.B.....
Have you/your partner ever had a Bankruptcy,	Have you/your partner ever had a Bankruptcy,
County Court Judgement or Default? <input type="checkbox"/> Yes <input type="checkbox"/> No	County Court Judgement or Default? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Office Use:

Credit Check.....	WDA Check.....	Companies House.....
Credit Limit.....	Visit Arranged (if applicable).....	Terms.....
	Website Check.....	Authorised.....

**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)
- **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 email your remittance to accounts@c-pmedical.com to notify C+P Medical that payment has been made; quoting the invoice no. you are paying.
- **Banker's draft**
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

- Mainland Britain - Internet Orders
- Delivery is free on orders placed on the internet over £49 (excl VAT). For orders placed on the internet under £49 (excl VAT), a delivery charge of £5.00 (excl VAT) will be added at checkout.
- The carriage charge of £5.00 (excl VAT) is included on the order until the £49 (excl VAT) total is hit - whereby the Free Delivery text is seen in the delivery cost.
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- Mainland Britain - Telephone Orders
- Orders placed by telephone over £85.00 (excl VAT), delivery will be free of charge. For orders placed by telephone under £85.00 (excl VAT) a delivery charge of £5.00 (excl VAT) will be added.
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- Republic of Ireland & Northern Ireland
- Orders placed over £100.00 (excl VAT), will be sent free of charge. For orders placed under £100.00 (excl VAT), a shipping charge of £12.50 (excl VAT) will be added.
- Scottish Highlands & Islands
- These orders will incur a charge of £17.50 (excl VAT)
- **Scottish Highlands - AB36-38, AB55-56, FK17-21, IV1-39, IV52-54, IV63, KW1-14, PA21-40, PH19-26, PH30-41, PH49-50**
- **Scottish Islands - HS1-9, IV40-51, IV55-56, KA27-28, KW15-17, PA20, PA41-49, PA60-78, PH42-44, ZE1-3**
- Channel Islands and Isle of Man
- These orders will incur a charge of £35.00 (excl VAT)
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- Rest of the World
- A shipping charge will be payable for all orders placed; but not charged at checkout. Instead, we will calculate your shipping charge and contact you to arrange separate payment.
- General Notes
- All orders received before 3pm will be dispatched for delivery the next working day (Monday to Thursday, 9-5.30pm & Friday 9-4pm). **WHILST WE ENDEAVOUR TO DELIVER NEXT DAY, THIS SERVICE CANNOT BE GUARANTEED.** For customers outside mainland Britain, we will dispatch your delivery once payment of any additional shipping charges has been finalised.
- Any discrepancy in deliveries must be notified within 48 hours of receipt of order.

OPENING TIMES

- 9am – 5:30pm Monday to Thursday, 9am-4.00pm on Friday

- Answer machine outside office hours.

GENERAL

- Prices are inclusive 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.