

**SILVERHOOK CHEMICALS**

Unit17/18, Bates Road, Harold Wood, Essex, England. RM3 OJH

Switchboard: 01708 330500 **Fax:** 01708 330504Email: 500@silverhook.co.uk Web: www.silverhook.co.uk**CUSTOMER ACCOUNT APPLICATION FORM**

Limited Company Name:	
Trading Name (if different):	
Address:	Address for invoice (if different):
Postcode:	Website:
Tel. (main):	Mobile No:
Tel. (bought ledger):	Fax No (for order acknowledgement):
Email:	Email (for statements if preferred to post):
Main Directors/Partners:	
Company Reg. No:	VAT Reg. No:
Home address if not Limited Co.	Home address of partner if partnership:
<u>Bank Details</u> Bankers: Sort Code: Account Name: Account No:	OTHER INFORMATION IF APPLICABLE
Trade Reference 1 Name: Address: Telephone No:	Trade Reference 2 Name: Address: Telephone No:
Anticipated Monthly Purchases:	Annual Turnover:

I apply for a customer account with Silverhook. I will abide by the conditions of sale and accept that payments must be made by the time specified on the account acceptance document. All goods are sold on a PRO-FORMA basis unless otherwise agreed.

RETENTION OF TITLE CONTRACT.

We the undersigned agree that:

All goods supplied by Ware Motorama Ltd will remain the property of Ware Motorama Ltd. until full payment is received for these goods.

We agree that In the event that goods which are similar to those being supplied by Ware Motorama Ltd are already being stored then we will store such separately to ensure easy identification.

If a dispute arises as to the source of goods then we agree to supply proof in the form of an invoice to show that the disputed goods were supplied by another company.

We agree that any sales of goods made by us will have been made from the oldest invoice first and that any payments made will have been made to pay for the oldest invoices first unless stated otherwise when payment is being made.

Signed: _____ For and on behalf of: _____

Print Name: _____

Position/Title: _____ Date: _____

Silverhook OFFICE USE ONLY:

ACC No: _____

CHEQUE LIMIT REQUESTED:

TERMS:

DATE:

AGREED BY:

Please return completed form by fax to +44 (0) 1708 330504