



Oldfield Group, Unit 6, Snaygill Industrial Estate, Keighley Road, Skipton BD23 2QR
 Accounts Tel: 01756 708607 Fax: 01756 797159

OLDFIELD GROUP – CREDIT ACCOUNT APPLICATION FORM

NEW ACCOUNT		AMENDMENT (Only fill out items to be changed)	
CUSTOMER NAME			
LEGAL FORM	LIMITED	PARTNERSHIP	SOLE TRADER
	OTHER (Please specify)		
COMPANY REGISTRATION NUMBER			
ADDRESS (Including postcode)			
NATURE OF BUSINESS			
YEAR BUSINESS EST.			
ESTIMATED YEARLY SPEND		REQUESTED CREDIT LIMIT	
CONTACT NAME			
EMAIL ADDRESS			
TELEPHONE NO.			
MOBILE NUMBER			
ACCOUNTS NAME & EMAIL ADDRESS			
OLDFIELD NEWS	If you would like to be kept up to date with the latest information on new products, industry news, training events & special offers please tick this box. Emails will generally be sent no more than weekly. Your details will not be passed onto any third parties. <input type="checkbox"/>		
DECLARATION	I/We request credit facilities with Oldfield. On approval, I/we agree to settle your account in accordance with the terms and conditions of Sale. I/we agree to your credit terms and understand that payments are due on the last day of the month following date of invoice being the due date or to any alternative terms agreed. I AGREE I HAVE CHECKED THE INFORMATION ABOVE AND THAT TO THE BEST OF MY KNOWLEDGE & BELIEF CONFIRM THAT IT IS CORRECT NAME: _____ SIGNATURE: _____ POSITION: _____ DATE: _____		
GUARANTEE	A continuing guarantee is required for a business which has been established for less than 3 years or where management of Oldfield specifies. The guarantee must be signed by an authorized person able to enter into such agreement on behalf of the applicant detailed in the credit application form. In consideration of Oldfield granting credit facilities, through one or more of its subsidiary companies, I unconditionally guarantee the due and punctual performance and observance by the applicant of its obligations herein and under your terms and conditions of sale agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Applicant. NAME: _____ SIGNATURE: _____ POSITION: _____ DATE: _____		

Please complete and return to Rachel Akrigg via email - accounts@oldfieldgroup.co.uk

INTERNAL USE			ACCOUNTS	
BRANCH		REPRESENTATIVE	CREDIT CHECK	
CREDIT LIMIT		ACC TYPE	MARKETING	
PAY TERMS		MASTER TERMS	ACCOUNT NO	
RESPONSIBILITY		MANAGER SIGN	EMAIL SENT	