



CREDIT APPLICATION FORM

Trading/Company Name			
Business Address			
Postcode		(invoices will be sent here unless written instructions to the contrary are received)	
Orders Tel No.		Contact	
		Fax No.	
Accounts Tel No.		Contact	
		Fax No.	

Please complete section A or B (whichever is applicable)

A - Details of Ltd Company

Date Business Incorporated		Company Registration No.	
Registered Office (if different from above)			

B - Details of Sole Trader or ALL Partners & Directors

Full Name		Tel No.		D.O.B	
Address					

Invoices are sent by email as standard, please tick here if you require invoices by post	<input type="checkbox"/>
Please tick here if you would like to receive promotions and company news via email	<input type="checkbox"/>

Estimated Monthly Spend		Total No. of Employees	
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DECLARATION AND DATA PROTECTION NOTICE

I/We confirm that the information given in this Credit Account Application Form is in all respects true and accurate. I/We confirm that I/we have read and understood your terms and conditions of sale and I/We unconditionally accept that those terms and conditions shall be the only ones that apply to all sale contracts which I/we may conclude with you.

Data Protection Act 1998 Notice

Words shown in italics are defined in the Data Protection Act 1998 ("the Act").

Where I/we provide you with personal data ("data"), I/we understand that the data will be held securely in confidence and processed for the purpose of carrying out your business and associated activities ("Activities"). In considering my/our application, I/we accept that you may consult with and disclose the data to credit reference agencies, banks, credit insurers and other responsible organisations outside your business that you have nominated ("third parties"), and that such third parties may process the data. I/we understand that under the Act I/we have a right to know what data you hold on me/us if I/we apply to you in writing and pay the applicable fee.

I/we agree that you may use the data to contact me/us with details of other products and services. Unless I/we have written to you objecting to you using the data for such purpose or I/we have not ticked the box below, I/we agree that you may contact me/us by post, telephone, fax, e-mail, via the internet, or other communication means.

Authorised Signature		Printed Name	
		Position within Business	

How did you hear about Saber Impact Diamond?

Website	<input type="checkbox"/>	Sales Call	<input type="checkbox"/>	Online	<input type="checkbox"/>	Referral	<input type="checkbox"/>	Past Customer	<input type="checkbox"/>
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