



# AHS LIMITED CREDIT ACCOUNT APPLICATION

"In processing this application, you consent that we may make enquiries of credit reference agencies or other sources, who may keep a record of our enquiry, and that we may use any information obtained for the purposes of risk assessment, fraud prevention and for occasional debt tracing"

LIMITED / PLC / LLP
Full Name:
Trading As (if apl):
Invoicing Address:
Registered Office (if diff):
Company Reg:
Vat No:
Date Incorporated:
Parent Company (if apl):

NON LIMITED (Please tick)			
Sole Trader?		Partnership?	Member of the Public?
Trading Name:			
Invoicing Address:			
Proprietor Name:			
Home Address:			
Proprietor Name:			
Home Address:			

( If more than 2 proprietors, please send on a separate page)

GENERAL		
Type of Business:		
Credit Required per Month: £		
Previous Trade Names & Addresses In Last 5 Years:		
Are you aware of any pending or prior CCJ's:	Yes	No
If yes please provide details:		

CONTACT INFORMATION	
Accounts Contact	Purchasing Contact
Name:	Name:
Tel:	Tel:
Email (Invoices):	Email:
Email (Statements):	Website:

## ENCLOSED – PLEASE TICK

Copy of headed paper ☐ Trade and Bank References (if separate document) ☐

All orders accepted from your company are placed and accepted solely subject to AHS Limited terms and conditions of sale a copy of which is attached. Additional copies are available on request.

SIGNED \_\_\_\_\_  
 PRINT NAME \_\_\_\_\_  
 POSITION \_\_\_\_\_  
 DATE \_\_\_\_\_



ahs ltd

## REFERENCES

**Please provide 3 references from whom you obtain similar credit levels and that you are currently trading with.** We only require 2 returned references to process your application but giving us 3 companies to contact will help to speed up the process.

Please do not give as referees, companies in which you are Directors, Partners or may have an interest in.

TRADE REFERENCE	
Company Name:	Company Name:
<b>Contact Email:</b>	<b>Contact Email:</b>
Company Name:	
<b>Contact Email:</b>	

### Consent For Bank Reference

BANK REFERENCE	
Name of Bank:	
Address:	
Account Number:	Sort Code:

**WE HEREBY AUTHORISE OUR BANKERS TO PROVIDE A BANKERS' OPINION TO  
AMENITY HORTICULTURAL SERVICES LTD**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*(must be signed by an account signatory) \**

Name In Block Capitals: \_\_\_\_\_ Position: \_\_\_\_\_

For And On Behalf Of: \_\_\_\_\_



## TERMS & CONDITIONS

1. If credit facilities are granted, payment terms will be **30** days from the date of invoice.
2. If an account reaches its credit limit you will be required to make a balance payment to bring it back in line with terms.
3. If an account has money due beyond our terms that account will be placed on stop and all deliveries due will be held.
4. If and to the extent that we have been advised of the purpose for which the goods are required, we believe all goods supplied by us to be suitable for such purpose. However, since we cannot control their application or use, no responsibility can be accepted for loss or damage arising either directly or indirectly from such application or use.
5. The quantity stated on the delivery ticket;
  - a. is correct at the time of loading
  - b. is the quantity on which our invoice price is based
  - c. due to the character of the materials, may, due to settlement during transit, not correspond in volume with the quantity received on delivery.
6. Orders are given and accepted on the understanding that no liability is accepted for any loss or damage arising directly or indirectly from non-delivery or from any delay in delivery no matter how caused.
7. All goods are supplied subject to the condition that our liability in respect of any complaint or claim of whatever origin, shall be limited to the replacement of faulty material and we accept no liability for loss or damage of any description arising out of the purchase or use of any goods.
8. The giving of any order constitutes an acceptance of these terms and conditions by the purchaser.
9. The goods remain the property of the Vendor until full payment is received. Retention of title clause on all goods.
10. Any complaint to be made within 48 hours of delivery.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**(must be signed by an account signatory)**

Name In Block Capitals: \_\_\_\_\_ Position: \_\_\_\_\_

For And On Behalf Of: \_\_\_\_\_

*AHS Ltd reserves the right to refuse credit facilities without disclosing reasons.*

**PLEASE POST THIS APPLICATION BACK TO:**  
AHS Ltd, Coppards Lane, Northiam, East Sussex, TN31 6QN

**OR EMAIL A PDF VERSION TO:**  
accounts@ahs-ltd.co.uk

**Thank you**