

CREDIT ACCOUNT APPLICATION FORM Account No. (Office use only)

Date	<input type="text"/>	Company Registration Number (if Limited)	<input type="text"/>
If Company is unlimited, we require the name and home address of the proprietor:		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

I/we request you to open a credit account in the name of:		Name of Registered Office if different:	
<input type="text"/>		<input type="text"/>	
Address for accounts purposes:		Registered Office Address:	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode		Postcode	
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Fax	<input type="text"/>	Fax	<input type="text"/>

I/we give below the name of a trade reference that is not associated with us.	
Name	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode
Telephone	<input type="text"/>
Fax	<input type="text"/>

Amount of credit required per month £	<input type="text"/>
Our Bankers are:	<input type="text"/>
I/we note that payment terms are due and payable on the last day of the month following the month of delivery and agree to pay in accordance with these terms and acknowledge that the title in the goods does not pass to us until full payment has been made by us.	
Signed	<input type="text"/>
Print Name	<input type="text"/>
Position	<input type="text"/>

Direct Debit Application Form



Instruction to your Bank or Building Society to pay Direct Debits

Originators Identification Number

1) Name and full postal address of your Bank or Building Society

To: Manager
<input type="text"/>
Bank/Building Society
Address:
<input type="text"/>
<input type="text"/>

2) Name of account holder

3) Branch Sort Code

4) Bank or Building Society account number

5) Customer account number

6) Instructions to your Bank or Building Society. Please pay Lister Gases Ltd. Direct Debit from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee.

Signature	Date
<input type="text"/>	<input type="text"/>

This guarantee should be detached and retained by the Payee. The Direct Debit Guarantee.

- This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Lister Gases Ltd will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Lister Gases Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of request.

- If an error is made in the payment of your Direct Debit, by Lister Gases Ltd or your bank or building society, you are entitled to a full immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Lister Gases Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmations may be required. Please also notify us.