

# JACKSONS

## TIMBER LTD

### Suppliers of:-

TIMBER, PLYWOOD, ROOF TRUSSES, GLULAM BEAMS  
DOORS, WINDOWS, GLASS, HARDWARE, DECKING  
JI JOISTS, MOULDINGS, FLOORING, LOG CABINS



### Branches at:-

Howgill Street, Whitehaven, Cumbria, CA28 7QW

Tel: 01946 518800

Fax: 01946 518801

Pitwood Road, Lillyhall, Workington, Cumbria, CA14 4JX

Tel 01900 844200

Fax: 01900 844201

County Park Road, Barrow-in-Furness, Cumbria, LA14 4BQ

Tel: 01229 845300

Fax: 01229 845301

Calderbridge, Seascale, Cumbria, CA20 1DN

Tel: 01946 841122

Fax: 01946 840061

[www.jacksonstimber.co.uk](http://www.jacksonstimber.co.uk)





Please return completed form to: Jacksons Timber Limited  
Howgill Street  
Whitehaven  
Cumbria  
CA28 7QW

Or by e-mail to: [accounts@jacksonstimber.co.uk](mailto:accounts@jacksonstimber.co.uk)

## CREDIT ACCOUNT APPLICATION FORM

### Your Details:-

COMPANY/TRADING NAME: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

IF AT THIS ADDRESS FOR LESS THAN 2 YEARS PLEASE ALSO PROVIDE PREVIOUS ADDRESS.

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_

### GENERAL CONTACT DETAILS:

TEL. NO: \_\_\_\_\_

MOBILE NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FAX NO: \_\_\_\_\_

TRADING ENTITY:  LIMITED COMPANY  PARTNERSHIP  SOLE PROPRIETOR  
 SELF BUILD  OTHER -PLEASE SPECIFY \_\_\_\_\_

### IF THIS APPLICATION IS ON BEHALF OF A LIMITED COMPANY PLEASE PROVIDE:

COMPANY REG. NO: \_\_\_\_\_ DATE OF INCORPORATION: \_\_\_\_\_

PERSON TO CONTACT FOR INVOICING QUERIES: \_\_\_\_\_

RELATED TEL. NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PERSON TO CONTACT FOR ACCOUNT QUERIES: \_\_\_\_\_

RELATED TEL. NO: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### STATUS ENQUIRY:

Please complete the following in full to allow us to gain a bank reference:-

NAME AND ADDRESS OF BANK \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ SORT CODE: \_\_\_\_\_

### CONSENT

For and on behalf of \_\_\_\_\_ I/we authorise our bankers  
(insert Bank & Branch) \_\_\_\_\_ to provide a status enquiry.

SIGNED (in accordance with the bank mandate) \_\_\_\_\_

DATE \_\_\_\_\_

**KEY PERSONEL DETAILS: PLEASE GIVE DETAILS FOR DIRECTORS/PARTNERS/SOLE TRADER:**

NAME \_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME TEL. NO. \_\_\_\_\_

NAME \_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME TEL. NO. \_\_\_\_\_

NAME \_\_\_\_\_

PRIVATE ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HOME TEL. NO. \_\_\_\_\_

**REFERENCES:**

1ST TRADE REF: \_\_\_\_\_ 2ND TRADE REF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT LIMIT REQUIRED:** £ \_\_\_\_\_

Please return completed application to **JACKSONS TIMBER LIMITED, HOWGILL STREET, WHITEHAVEN, CUMBRIA, CA28 7QW** together with one of the following as proof of identification (Business Letterhead, copy of recent bank statement, or utility bill)

**DECLARATION**

I/we confirm that the above details are accurate and that I/we agree to conform to the Terms and Conditions of Sale of Jacksons Timber Limited. I understand that should I/we breach these Terms and Conditions of Sale, Jacksons Timber Limited reserves the right to terminate the Agreement for credit forthwith without notice and all amounts outstanding will be due forthwith. In addition interest will be charged on a daily basis until the account is paid in full.

Signed \_\_\_\_\_

Position \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**JACKSONS TIMBER USE ONLY:**

Account Number \_\_\_\_\_

Comments:-

Approved By \_\_\_\_\_