

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





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

Or by e-mail to: 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 _____