			Custom Complex, Yardley Road
	SOLUTIONS CMS SOLUTIONS SCMS SCMS S		Knowsley Industrial Park North
			Merseyside L33 7SS
CustomGlass		SEN 1279	Tel: 0151 549 1264 Fax: 0151 549 1863
Professionals in Glass			e-mail sales@customglass.co.uk
	CMS 3167 T C	MS 3166	Web Site : www.customglass.co.uk
Full Name :	Trade References:		Directors/Partnerships/Sole Traders Declaration
	1) 		I, being an authorised officer of this business, accept the following terms:- Remittance must be received by Custom Glass Ltd at the end of the month
Full Trading Address:	2)		following the month the invoice is dated. Ie 30 days at the very latest or Custom Glass Ltd reserve the right to add interest at 2.5% per month or part thereof, to any balance overdue. All queries or disputes must be advised to this office in writing and clearly marked on the copy of remittance advice each month. Title of any goods supplied shall not pass to the buyer until the goods are paid for in full. Extended credit will not be allowed and the facility will be suspended immediately if payment is not received by the due date.
	-		Declaration and Data Protection Notice
	If sole trader or partnership give full names and addresses		I confirm that the information given in the credit application form is in all respects true and accurate. I confirm that I have read and understood your terms and conditions of
Post Code:	_1)		business, which include our returns note policy and certificate of warranty,and I unconditionally accept that those terms and conditions shall be the only ones that apply to all sales contracts which I may conclude with you.
Telephone:			Data Protection Act 1998 Notice
Fax:			
e-mail:	2)		Where I provide you with personal data I understand that the data will be held securely in confidence and processed for the purpose of carrying out your manufacture of double glazed units business and associated activities. In considering my application, I accept
Registered Office:			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 (3rd parties) and that such 3rd parties may process the data. I understand that under the Act I have a right to know what data you hold on me if I apply to you in
Registration Number:			writing and pay the applicable fee. I agree that you may use the data to contact me with details of other products and services, unless I have written to you objecting to you using
V.A.T. Registration Number:	Company Stamp		— the data for such purpose. I agree that you may contact me by post, fax, e-mail, via the internet or other communication means.
Bank Name:	-		
Account Number:	-		
Sort Code:			Signature of Authorised Applicant: (director/owner) Date:
CONTACT DETAILS PRINT NAME	PHONE NUMBER	FAX NUMBER	EMAIL
MANAGING DIRECTOR			
ACCOUNTS			
SALES			