



Ribble Fuel Oils

Head Office: 281 Carnfield Place Walton Summit Preston PR5 8AN

Tel: 01772 337367 Fax: 01772 620094

APPLICATION FOR CREDIT FACILITIES

Sole Trader / Partnership

Please complete this form and the attached Bank details (& RDCO form if applicable)
and return to the above address with a copy of your Business letterhead

BUSINESS NAME	Your Full Name
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BUSINESS ADDRESS	HOME ADDRESS (if different)

If a Partnership please enter details of all other Partners on the attached 'Partners Sheet'

TELEPHONE No: _____	FAX No: _____	
MOBILE No: _____	E-MAIL ADDRESS: _____	
VAT Reg: _____	No of YEARS TRADING: ____	NATURE of BUSINESS: _____

APPROXIMATE MONTHLY USAGE (LITRES)				
GAS OIL _____	DIESEL _____	KEROSENE _____	PETROL _____	LUBRICANTS _____

<u>DECLARATION</u>	
<small>I/We warrant that the above information is true and have read, accepted and retained the Terms and Conditions. Credit facilities will not be granted until the application form is fully completed and reviewed. Hermon Hodge Ltd reserve the right to decline any application without giving reason. Credit limits and payment terms must be adhered to and cannot be exceeded. Periodical reviews will be carried out on the account. Accounts which are dormant for four months will be discontinued and can only be re-opened on reapplication. Failure to comply with our terms and conditions will result in withdrawal of credit facilities and any sums outstanding will become payable immediately. We reserve the right to amend credit facilities, Terms and Conditions or to withdraw credit facilities at any time.</small>	
Signed: _____	Print Name: _____
Title / Position: _____	Date : _____
This form must be signed by a PARTNER or AUTHORISED SIGNATORY	

Liverpool Depot: Stockpit Road Knowsley Industrial Estate Merseyside L33 7TQ Tel: 0151-477 1444 Fax: 0151-477 1008

Manchester Depot: Manchester Fuels Terminal Churchill Way Trafford Park Manchester M17 1BS Tel: 0161-872 0861

www.ribblefueloils.co.uk

Ref: _____

RIB / Trader

DETAILS OF OTHER PARTNERS

If a Partnership please enter details of all other Partners below

FULL NAME	FULL NAME
ADDRESS	ADDRESS
POSTCODE	POSTCODE
TELEPHONE No	TELEPHONE No
MOBILE No	MOBILE No

FULL NAME	FULL NAME
ADDRESS	ADDRESS
POSTCODE	POSTCODE
TELEPHONE No	TELEPHONE No
MOBILE No	MOBILE No

FULL NAME	FULL NAME
ADDRESS	ADDRESS
POSTCODE	POSTCODE
TELEPHONE No	TELEPHONE No
MOBILE No	MOBILE No



To the Manager _____ _____ Bank/Building Society
Address _____ _____ _____ Postcode _____

Instruction to your bank or building society to pay direct debits.

Please complete parts 1 to 4 to instruct your branch to make payments direct to your account. Then return the form to: **Hermon Hodge Ltd, 281 Carnfield Place, Walton Summit, Bamber Bridge, Preston. PR5 8AN.**

1. Please write the full postal address of your branch in the box above.

2. Name of account holder _____

3. Account number _____

Sort code:

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Banks/Building Societies may refuse to accept instruction to pay Direct Debits from some types of accounts.

Customers name: **Hermon Hodge Ltd.** _____

Customer Reference: _____

4. Your instructions to the bank/building society, and signature.

- I instruct you to pay direct debits from my account to the request of **Hermon Hodge Ltd.**
- The amounts are variable and may be debited on various dates.
- I understand that **Hermon Hodge Ltd** may change the amounts and dates.
- I will inform the bank/building society in writing if I wish to cancel this instruction.
- I understand that if any Direct Debit is paid which breaks the terms of instruction, the bank/building society will make a refund.

Signatures(s) _____ Date _____