

# FOX INDUSTRIAL & ENGINEERING SUPPLIES LTD

Please complete all fields, print out and sign section F and G then return by email to [info@foxiesltd.com](mailto:info@foxiesltd.com) or post to Fox Industrial & Engineering Services Ltd, UNIT 1D, Beels road, Kiln lane Industrial estate, Stallingborough, N.E Lincs, DN41 8DN. Please complete in black ink and using block capitals

## A) YOUR COMPANY.

FIRST NAME: (REQUIRED)

SURNAME: (REQUIRED)

COMPANY NAME / SOLE TRADER: (IN FULL)

TELEPHONE NO: (REQUIRED)

COMPANY ADDRESS: (TO WHICH STATEMENTS SHOULD BE SENT)

POST CODE:

MOBILE NO:

FAX:

EMAIL:

## B) BUSINESS TYPE.

<input type="checkbox"/> CONSTRUCTION/ CONTRACTOR	<input type="checkbox"/> SELF BUILD	<input type="checkbox"/> MANUFACTURING/ AGRICULTURAL	<input type="checkbox"/> LANDSCAPING
<input type="checkbox"/> RETAIL/ TRANSPORT	<input type="checkbox"/> PAINTING/ DECORATING	<input type="checkbox"/> PLUMBER/ ELECTRICIAN/ M&E	<input type="checkbox"/> CATERING/ HOTELS
<input type="text"/> OTHER			

Data Protection. The information you provide will be held in accordance with the data protection Act 1988 and will be used by Foxies Ltd. We may contact you from time to time about other products and services available from us and may release your company details to other selected companies whose products we believe will be of interest to you.

## C) IS YOUR COMPANY LIMITED?

YES  NO

**YES** If yes please attach a copy of your company's letterhead with registration number and go to section D.

COMPANY REGISTRATION NUMBER:

**NO** If NO, please complete the section below.

HOW MANY YEARS HAVE YOU BEEN TRADING AT THIS ADDRESS?

If less than 3 years, what was your previous address?

ADDRESS:

POST CODE:

NAME OF PARTNER(S)

## D) SPECIAL INSTRUCTIONS.

WILL YOU USUALLY SUPPLY AN ORDER NUMBER WHEN HIRING?

YES  NO

HAVE YOU ANY SPECIAL INSTRUCTIONS, OF WHICH WE SHOULD BE AWARE, WHEN HIRING TO YOUR COMPANY?

## E) ANTICIPATED ANNUAL SPEND.

£0 - £50

£50 - £500

£500 - £5,000

£5,000 Plus

Keeping you informed. We would like to keep you informed by letter, phone, email about products, services and additional benefits that we believe may be of interest to you.

Please tick the box if you do not wish to receive product updates.

## F) BANK DETAILS.

NAME OF BANK

ACCOUNT NO: (LAST BOX TO BE USED FOR GIRO BANK, 9 DIGIT ACCOUNTS)

SORT CODE:

BRANCH ADDRESS:

POST CODE:

NOTE: We reserve the right to conduct a "credit check" on limited companies prior to opening an account on your behalf. If you are NOT a limited company, please SIGN HERE to give your permission for us to carry out a credit check.

SIGNATURE:

PRINT NAME:

D.O.B:

## G) GUARANTEE.

Please read and sign the following declaration

"I (the undersigned) agree that all transactions of hire or sale entered into by my company (known as "The Customer") shall be subject to Foxies Ltd "Conditions of Hire or Sale", as the case may be, operative at the time of any contract of hire or sale. I will make full settlement of all monies due within one month from the date of Foxies Ltd invoice and answered all questions on this application form truly and fully. I hereby, personally guarantee payment in respect of all sums due from my company ("The Customer") to Foxies Ltd, together with all ancillary costs incurred. I have retained a copy of this form for my records."

SIGNATURE OF DIRECTOR/PROPRIETOR:

DATE:

FULL NAME: (PLEASE PRINT)

POSITION: (WITHIN COMPANY)

## BRANCH USE ONLY.

BRANCH NO.	AREA	BRANCH NAME
AUTH BY		STAFF MEMBER
DATE		BIC
TRADE TERMS		