

# JGBM Credit Application

Please complete all sections 1 to 18



1 Full Trading Name and Address	
Company Name:	
Address:	
Post Code:	
Telephone:	Fax:
Email:	Twitter:
Company Website:	

2 Registered Name (if different)
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3 Company Registration No.
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4 Company VAT No.
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5 Directors/Partners Names & Home Addresses	
Name:	
Address:	
Post Code:	Telephone:
Name 2:	
Address:	
Post Code:	Telephone:

6 Nature of Business		
Office Products <input type="checkbox"/>	IT Reseller <input type="checkbox"/>	Online Trader <input type="checkbox"/>
Other (please specify)		

7 Date Trading Commenced
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8 No. Employees	9 Annual Turnover
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10 Back Office System			
Which accounts/back office system are you currently using?			
<input type="checkbox"/> Horizon	<input type="checkbox"/> Ledger Domain	<input type="checkbox"/> Pulse	<input type="checkbox"/> Axis First
<input type="checkbox"/> Calidor	<input type="checkbox"/> Progress	<input type="checkbox"/> Prima	<input type="checkbox"/> EGIS
<input type="checkbox"/> Heart	<input type="checkbox"/> Oasis	<input type="checkbox"/> Sage	<input type="checkbox"/> OP-Connect
<input type="checkbox"/> Other (please specify)			

11 Trade References	
Please ensure all trade references are from companies within the office equipment trade and are willing to submit credit details. Vow and Spicers <i>do not</i> provide references.	
Company 1:	
Address:	
Post Code:	Telephone:
Fax:	Email:
Your credit limit with this supplier:	
Company 2:	
Address:	
Post Code:	Telephone:
Fax:	Email:
Your credit limit with this supplier:	

12 Accounts Contact	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name:	
Position:	
Telephone:	Email:
Fax:	Twitter:

13 Sales Contact	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name:	
Position:	
Telephone:	Email:
Fax:	Twitter:

14 Purchasing Contact	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Full Name:	
Position:	
Telephone:	Email:
Fax:	Twitter:

15 How did you hear about JGBM?
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16 Buying group member?	Please specify
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17 Credit Limit Requested
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18 Front End Website	
Which front end website are you currently using?	
<input type="checkbox"/> 2020Pro	<input type="checkbox"/> Commerce Exchange
<input type="checkbox"/> Horizon Web	<input type="checkbox"/> Evolution
<input type="checkbox"/> EasyOrder	<input type="checkbox"/> OrderStore
<input type="checkbox"/> Pulse Store	<input type="checkbox"/> Office Power
<input type="checkbox"/> PrimaGo	<input type="checkbox"/> Op-Net
Other (please specify)	

Goods supplied shall remain the property of JGBM Ltd until the purchaser has paid the agreed price and all other amounts owed. JGBM Ltd reserves the right to recover any goods to which it has retained title. I the undersigned have read the full online T & C's at [www.jgbm.co.uk](http://www.jgbm.co.uk) and accepted the terms and conditions of trading with JGBM Ltd.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Final Checklist!
<input checked="" type="checkbox"/> Please ensure Sections 1-18 are completed in full
<input checked="" type="checkbox"/> Sign & Date this document

Return
Please return this completed form to:
<b>creditaccount@jgbm.co.uk</b>

Internal Use Only	
Account Number:	<small>Ensure no spaces, full stops, slashes, * etc. in Account No.</small>
Sales Rep:	Credit Limit:
Approved by:	Date: