

KEYNES ROOFING CENTRE LTD

60 Colts Holm Road
Old Wolverton
Milton Keynes MK12 5QD
Telephone: 01908 311777
Facsimile: 01908 311818

Our Ref: DNE/kme

04th March 2016

Dear Sirs

BANK DETAILS FOR BACS PAYMENTS

Please note our bank account details as follows:

Name of account: Keynes Roofing Centre Limited
Sort code: 20-61-51
Account number: 90962481

Please ensure credits are submitted to the above bank account.

The company's preferred method of payment from our customers is by BACS credit and we would encourage all our customers to pay us by this means for the reasons below:

- It is usually the most cost effective method for both parties
- This is the securest payment method
- Ensures payments are received to agreed dates thereby improving cash planning
- In the current economic global credit crisis all companies are controlling their credit policies much tighter. The payment of invoices by BACS ensures that funds are received by suppliers on time. Issues with cheque payments involve delays in post arriving and that banks require time to process cheques as cleared funds. All of which means that a customer's credit limit may have been reached and new orders held until the cheque clears, whereas these time delays are not present with BACS payments and there is less risk for an order to be delayed.

For these reasons if you currently pay us by cheque and have the ability to pay by BACS please could you commence to pay us by our preferred BACS payment method.

Please note: we still accept payment by cheque

If you have any questions on this change please feel free to contact me.

Yours faithfully

Dave Evans

**David N Evans
DIRECTOR**

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Application for Credit

Please complete and return to above address

Full name of applicant (and trading name if different).....

.....

Trading address.....

.....

Telephone No. Fax No.....

Registered office (if different from above)

Business type: Limited Company Sole Trader Partnership VAT Reg No.

Year trading commenced If Limited Company, Reg No.

If a partnership, please give full names (not initials) and home addresses of all partners

1.

2.

REFERENCE

Name, address, telephone number and contact details of two current principal suppliers

Supplier 1

..... Monthly spend

Supplier 2

..... Monthly spend

Name of bankers Branch

Sort Code Account No.

Maximum anticipated monthly credit required £

Name of person responsible for settling the account on time

Declaration by applicant seeking credit

I am duly authorised by the applicants business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it will result in the matter being referred to your Solicitors for recovery of the invoice debt; if so, we agree to indemnify you against the costs you incur in referring the matter to your Solicitors, all reasonable incidental costs of recovering the debt and interest as applicable.

I authorise our bankers to provide an opinion as to our suitability for the requested account.

SIGNED NAME (printed)

DATE POSITION

**We are currently updating our records.
Please complete and return:**

To: Keynes Roofing Centre Limited

Of: 60 Colts Holm Road
Old Wolverton
Milton Keynes
MK12 5QD

GUARANTEE FOR THE SUPPLY OF GOODS AND MATERIALS

"THE COMPANY" meansLimited

NAME

HOME ADDRESS

.....

.....

.....POST CODE.....

TELEPHONE NO.

MOBILE NO.

IN CONSIDERATION of your having agreed, at my request, to supply "the Company" with goods and materials for the business of "the Company".

- 1 I shall be responsible to you for the price of all Trade Goods that you may supply to "the Company".
- 2 This Guarantee is a continuing guarantee and security and my liability under it shall not be affected by your giving time or any other indulgence to me.

I RESERVE the right for myself or my personal representatives by notice to revoke this Guarantee at any time as to all future dealings by "the Company" with you after the date of such notice.

Dated: **Signed**
Director