

Application for a Credit Account

Please complete all the sections below. Once returned to us, we will carry out a credit risk assessment. If your risk assessment comes back with a score between 1 and 6, then an account can be granted, if a score of 7 -10 is given then, unfortunately, we cannot offer a credit account. Your credit risk will be monitored, should any changes occur that affect your rating then we will inform you, and we may need to put your account on hold, close it or if it changes to 1-6 then we can grant an account.

Our Payment terms: (a full copy of our terms and conditions are available from our website or a copy can be sent via Email)

- Direct Debit – up to 30 days from the date of invoice – copy this link into your browser to set up the DD mandate: <https://xero.gocardless.com/pay/co/GEN9207791033>
- BACS Payment - 10 days from the date of invoice
 - Late payment can incur interest charges which are currently 8% above Bank of England Base Rate.
 - Consistent late payment will mean your account facility being withdrawn.
- We do not accept any terms outside of ours as outlined above and within our Terms and Conditions
- When you reach your credit limit, all further orders must be paid for by credit card or by BACS.
- Minimum order value £90.00 ex.VAT, Packaging & Delivery
- Minimum delivery charge £20.00 + VAT

For My 3D AM orders, the following will apply.

- Minimum order value £35.00 ex.VAT, Packaging & Delivery
- Minimum delivery charge £10.00 + VAT

Payment will be required in full by either Debit or Credit card or BACS until the account has been approved.

Please complete ALL sections - any missing information will delay your application

Company Trading Name:

Address:

Postcode:

Tel:

Fax:

VAT Number:

Company Registration No:

Account Payable Contact Details:

Name:

Tel:

Direct Dial No:

E-Mail:

Monthly credit required:

Select payment method:

BACS – 10 Days from invoice date

Direct Debit: 10 Days from invoice date

Direct Debit: 20 Days from invoice date

Direct Debit: 30 Days from invoice date

This form must be signed by an authorised signatory.

Signature:

Name:

Date:

Please send your completed form by email to: admin@prototypeprojects.com