

# **TRUST FORM - (Application To Pay By Return)**

Account Number: .....

Full Company Name: .....

Full Postal Address: .....

Postcode: .....

Telephone Number: .....

Invoice Address:  
(If Different From Delivery) .....

Postcode: .....

Telephone Number: .....

Accounts Contact Name: ..... Tel No: .....

Purchasers Contact Name: ..... Tel No: .....

## **PLEASE READ CAREFULLY.**

I/We confirm that we understand J.J. VAILLANT LTD does not give credit accounts and that all goods are delivered with the understanding that FULL payment will be made by return and must reach us within 7 working days from delivery. (If any item arrives damaged / faulty the office must be notified within 3 working days from delivery so appropriate paperwork can be raised.)

**We understand that we can deduct this amount from total invoice but will not delay payment of remaining balance.**

If any monies are not received within 7 working days we reserve the right to refuse this payment option in future. Any costs incurred in collecting any balance will be payable by the above. If any monies are not paid within 1 month of the delivery date interest at the rate of 15% a month will be added to the outstanding balance and back dated to the date of delivery.

I agree to your payment terms and confirm I authorised to sign on behalf of the above.

YES  NO  (please tick appropriate box)

Sign: ..... Print: .....

Position: ..... Date: .....

**PLEASE NOTE:** This form must be signed by;

LIMITED COMPANY	Director, Company Secretary or Authorised Signatory.
PARTNERSHIP	A Partner.
SOLE TRADER	The Proprietor.

**Please enclose your Official Letterhead or Compliment slip.**

**This form is only for customers of good standing who we have dealt with for a minimum of 6 months and built up a trading record.**