

# Application for a credit account

Please complete as much information as possible.

| Applicant                                           |             |                 |                          |
|-----------------------------------------------------|-------------|-----------------|--------------------------|
| Surgery Name                                        |             |                 |                          |
| Surgery Address                                     |             |                 |                          |
|                                                     |             |                 |                          |
|                                                     |             |                 |                          |
|                                                     |             | Postcode        |                          |
| Delivery Address if different from above.           |             |                 |                          |
|                                                     |             |                 |                          |
|                                                     |             |                 |                          |
|                                                     |             | Postcode        |                          |
| Accounts (Invoice) Address if different from above. |             |                 |                          |
|                                                     |             |                 |                          |
|                                                     |             |                 |                          |
|                                                     |             | Postcode        |                          |
| Main Telephone No.                                  |             |                 |                          |
| Orders Contact name                                 |             |                 |                          |
| Orders contact email address                        |             |                 |                          |
| Compliance contact name                             |             |                 |                          |
| Compliance contact email address                    |             |                 |                          |
| Accounts Contact name                               |             |                 |                          |
| Accounts contact email address                      |             |                 |                          |
| Practice Manager name                               |             |                 |                          |
| Practice Manager email address                      |             |                 |                          |
| General email<br>(Delivery Tracking info etc)       |             |                 |                          |
| Sales email<br>(Orders etc)                         |             |                 |                          |
| Accounts email<br>(invoices/statements)             |             |                 |                          |
| VAT Number                                          |             | Company Reg No. |                          |
| Type of business<br>(circle as appropriate)         | Sole Trader | Partnership     | LLP      Limited Company |

## Terms and conditions

I/We are duly authorised by the applicant business to enter into this agreement on its behalf.

I/We understand and give consent to Walker Electronics Ltd in conducting a credit search, using a Credit Reference Agency.

I/We understand and give consent to details of the performance of any credit facility granted being submitted to credit reference agencies and shared with other companies who may be considering offering credit facilities.

I/We agree that payment of Walker Electronics Ltd invoices will be made strictly in accordance with Walker Electronics Ltd credit terms.

I/We understand that title of all goods supplied will remain with Walker Electronics Ltd until the invoice is paid for in full. Risk passes at time of delivery.

I/We understand that Walker Electronics Ltd payment terms are:

- **Strictly 30 days from the invoice date.**  
Payment in GBP by Cheque or Bank Transfer.
- Claims arising from invoices must be made within five working days from receipt of invoice.

By submitting this application, you authorize Walker Electronics Ltd to make all necessary inquiries, including credit reference checks into the banking and business/trade references that you have supplied.

I/We recognise that in the event of non-payment by the due date, Walker Electronics Ltd may pass information contained on this account form and all other relevant information to a Third Party in order to pursue and recover the debt including all costs incurred by Walker Electronics Ltd and the Third Party pursuing the debt including applicable fees for writing to us, any commission payable by you to the Third Party, all reasonable incidental costs of recovering the debt and interest as applicable.

NB: In the case of Partnerships, all partners are required to sign this document.

I/We confirm that the above information is correct and that we have read and agree to be bound by the terms and conditions.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete signed application form and email to [accounts@walkerelectronics.co.uk](mailto:accounts@walkerelectronics.co.uk) or post to the address below.

Please also attach a copy of your company letterhead.

Application for a credit account (Dental surgery) Ver 1. dated 23<sup>rd</sup> July 2026.

Directors: Mr Brian J Everitt (Managing), Kieran L Savage. Company registered in England No.01010602



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