



# CREDIT ACCOUNT APPLICATION

IF YOU ARE UNSURE OF THE CONTENT OF THIS DOCUMENT WE SUGGEST YOU SEEK INDEPENDENT LEGAL ADVICE

PLEASE ENCLOSE A SAMPLE OF YOUR COMPANY LETTERHEAD  
THIS FORM SHOULD BE COMPLETED IN **BLOCK CAPITALS** USING A **BALL POINT PEN**

Customer name	
Trading as	

Nb: Date of Birth MUST be entered where applicable

Address	
Date of Birth	<input type="text"/>
Tel No	<input type="text"/>
Fax No	<input type="text"/>
Mobile	<input type="text"/>
Is Property	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/>
Account Contact	<input type="text"/>
Email	<input type="text"/>

### BUSINESS DETAILS

How long has the business been established?	<input type="text"/>	Years														
How long at the present address?	<input type="text"/>	Years														
<b>Company Status</b>	Ltd <input type="checkbox"/>	Plc <input type="checkbox"/>	Sole Trader <input type="checkbox"/>													
	Partnership <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>														
Company Registration No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name	<input type="text"/>															
Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Acc/No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TRADE REFERENCES: (Not associated companies of the Applicant)																
Ref 1	<input type="text"/>															
Tel No	<input type="text"/>	Fax No	<input type="text"/>													
Ref 1	<input type="text"/>															
Tel No	<input type="text"/>	Fax No	<input type="text"/>													
Company Approximate Annual Electrical Supply Spend to nearest £1000	<input type="text"/>															

### DECLARATION

I/We request credit facilities with your company. If given, I/we agree to settle your account in accordance with your Conditions of Sale, a copy of which is printed on the reverse side of this Account Application. I note these include a retention of title clause. I/We agree to your credit terms and that payment is due on the last working day of the month following date of invoice ("the due date") or to any alternative terms agreed. I certify that I have checked the particulars of this form and to the best of my knowledge and belief they are correct. I also give permission to Electrical Wholesale Supplies to conduct a commercial/consumer credit search in line with the Data Protection Act (1998).

Print Name	<input type="text"/>		
Position	<input type="text"/>		
Sign:	<input type="text"/>	Date:	<input type="text"/>

### INVOICE ADDRESS IF DIFFERENT

Address	
Tel No	<input type="text"/>
Fax No	<input type="text"/>
Purchasing Contact	<input type="text"/>
Email	<input type="text"/>

### PRINCIPAL DETAILS

SOUL TRADERS & PARTNERSHIPS MUST PROVIDE FULL NAME & RESIDENTIAL ADDRESS	
Name 1	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Date of Birth	<input type="text"/>
Is Property	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/>
Tel No	<input type="text"/>
Mobile	<input type="text"/>
Name 2	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Date of Birth	<input type="text"/>
Is Property	Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/>
Tel No	<input type="text"/>
Mobile	<input type="text"/>

ALL INFORMATION GIVEN IS TREATED WITH THE STRICTEST CONFIDENCE.  
CONDITIONS OF SALE ON REVERSE SIDE OF THIS ACCOUNT APPLICATION.

SALES PERSON	<input type="text"/>
CREDIT LIMIT	<input type="text"/>
TERMS OF PAYMENT	<input type="text"/>

### FOR INTERNAL USE

Account No	<input type="text"/>	TERMS	<input type="text"/>				
L	<input type="checkbox"/>	P	<input type="checkbox"/>	R	<input type="checkbox"/>	EULER	<input type="text"/>