

Website



**Please ensure  
you enclose a copy  
of your letterhead.**

We can only accept a original in the post - Thankyou

# **Application for Credit Facilities**

**Please return to:  
Contact Electrical Wholesale Limited  
Units 13 -15  
Rea Industrial Estate  
Inkerman Street  
Birmingham  
B7 4SH**

<b>BUSINESS DETAILS</b>	<b>PLEASE COMPLETE ALL SECTIONS</b>
<b>FULL TRADING NAME:</b>	
Trading Name (If different from above):	
Registered Office (If LTD Company):	
Business Address (Invoices & Statements will be sent to this address):	
Postcode:	Website:
Telephone No:	Fax No:
Date of Corporation or Commencement:	Email:
Are you registered for VAT Purposes?	VAT Registration number:
Company Registration Number:	No of Employees:
<b>Type of Business</b> (Please Tick Box)	
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited Company	<input type="checkbox"/> Sole Proprietor
How Long has your business been established?	
How long at present Address?	
Trade type/Type of business?	
Credit Limit Required: £	
Anticipated Initial Order: £	
<b>If the Company is a subsidiary of a Group, Please complete this section.</b>	
Name of Holding Company:	
Company Registration Number:	
Address of Holding Company Registered Office:	
Postcode:	
<b>Who in your organisation will deal with payments to us?</b>	
Name:	Position:
<b>Who in your organisation is responsible for buying?</b>	
Name:	Position:
<b>Sole Traders &amp; Partnerships Must Provide Full Name and Residential Addresses.</b>	
If you have not been in residence at your current address for more than 3 years, please provide previous addresses.	
Name:	
Address:	
Postcode:	
Date of Birth:	Telephone Number:
<b>Is Property</b> (Please tick relevant box)	
<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
<input type="checkbox"/> Rented	<input type="checkbox"/> Other (Please State)
Name:	
Address:	
Postcode:	
Date of Birth:	Telephone Number:
<b>Is Property</b> (Please tick relevant box)	
<input type="checkbox"/> Owned	<input type="checkbox"/> Leased
<input type="checkbox"/> Rented	<input type="checkbox"/> Other (Please State)

Please continue on separate sheet if necessary

**Continuing Guarantee**

NB- If the customer is a limited liability company or partnership established less than 3 years the continuing guarantee below MUST be signed by a director or secretary ( in the case of a limited company) or equity partner (in the case of a limited liability partnership). It may also be required to be completed in other cases.

**TO CONTACT ELECTRICAL WHOLESALE LIMITED**

In consideration of you agreeing to grant credit facilities to the company or limited partnership described above ("the Company") I hereby unconditionally guarantee the due and punctual performance and observance by the company of it's obligations herein and under your Conditions of Sale, and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company.

PRINT NAME:

SIGNATURE:

DATE:

**PLEASE NOTE:**

ALL INFORMATION GIVEN, SHALL BE TREATED WITH THE STRICTEST OF CONFIDENCE AND WILL NOT BE DISCLOSED TO ANY THIRD PARTIES.

**Bank Details**

Name of Bankers:

Address:

Postcode:

Telephone No:

Account Number:

Sort Code:

**Commercial References**

Please provide three trade references from established reputable companies with which you deal or have dealt with in recent times. Private non-trade references are not acceptable (including solicitors, accountants and landlords). Should the referees by reason of their status, be unacceptable, we reserve the right to ask for further names.

**Trade Reference 1**

Company Name:

Contact:

Address:

Postcode:

Telephone Number:

Fax Number:

Nature of Business:

Account Number:

**Trade Reference 2**

Company Name:

Contact:

Address:

Postcode:

Telephone Number:

Fax Number:

Nature of Business:

Account Number:

**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. I note these include a retention of title clause. I/we agree to your credit terms and that payment is due on the 28th of the month following date of invoice ("the due date") or to any alternative terms agreed. I certify that I have checked the particulars on this form, and to the best of my knowledge and belief, they are correct. I also give permission to Contact Electrical Wholesale Limited to conduct a commercial/consumer credit search and future searches in line with the Data Protection Act (1998) I/we confirm and agree to the Conditions of Sale - Copy available upon request.

PRINT NAME:

DATE:

SIGNATURE:

POSITION: