

CREDIT ACCOUNT APPLICATION

BRANCHES

Contact Electrical Wholesale Ltd.
Units 13-18 Rea Industrial Estate
Inkerman Street
Birmingham
B7 4SH

Contact Electrical Wholesale Ltd.
Unit 3 Morgans Business Park
Bettys Lane
Cannock

WS11 9UU

Please tick above which branch of Contact Electrical Wholesale Ltd, you would like your account to by held at.

Please return your completed form to:

Contact Electrical Wholesale Ltd. - Accounts Department Unit 18 Rea Industrial Estate, Inkerman Street, Birmingham. B7 4SH

Please ensure you have completed all sections and enclosed a copy of your company letterhead.

In all cases a landline telephone number is required.

A Director or Officer will be required to sign this form



















BUSINESS DETAILS	
Please complete all sections	
Full Business Name:	
Trading name:	
Company Registration No.:	
VAT Registration No.:	
Date of Commencement/Incorporation:	
Company Website:	
REGISTERED OFFICE	TRADING ADDRESS
Address:	Address:
Postcode:	Postcode:
Contact:	Contact:
Tel:	Tel:
Fax:	Fax:
Email:	Email:
ACCOUNTS DETAILS	BANK DETAILS
Address:	Address:
Postcode:	Postcode:
Contact:	Contact:
Tel:	Tel:
Fax:	Sort Code:
Email:	Account Number:
Accounts Email - This is when	re your invoices & statements will be sent
SOLE TRADERS & PARTNERSHIPS MUST PF	ROVIDE FULL NAMES AND RESIDENTIAL ADDRESSES
How long at present address?	
If you have not been in residence at your current address for m	ore than 3 years, please provide previous addresses.
Address:	Address:
Postcode:	Postcode:
Is Property: (Please tick relevant box)	Is Property: (Please tick relevant box)
Owned: Leased:	Owned: Leased:
Rented: Other:	Rented: Other:
If other please state:	If other please state:
Please continue or	n a separate sheet if necessary.
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COMMERCIAL REFERENCES

Please provide two 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 referee by reason of their status, be unacceptable, we reserve the right to ask for further names.

TRADE REFERENCE 1	TRADE REFERENCE 2	
Address:	Address:	
Postcode:	Postcode:	
Contact:	Contact:	
Tel:	Tel:	
Fax:	Fax:	
Email:	Email:	
Website:	Website:	
website.	website.	
CONTIN	NUING GUARANTEE	
	any"), a public limited company ("PLC") or a liability partnership ("LLP")	
	a shareholder or either a director (in respect of a company or PLC) or an	
equity partner (in respect of an LLP) in their personal capaci		
	CTRICAL WHOLESALE LIMITED	
In consideration of you agreeing to grant credit facilities to	the Company/PLC/LLP, I conditionally guarantee the due and punctual	
performance and observance by the Company/PLC/LLP of it	t's obligations herin and under your Conditions of Sale, and agree to	
indemnify against any breach or non-observance thereof by	y the Company/PLC/LLP. I hereby personally guarantee payment in	
respect of all sums due from the Company/PLC/LLP to Conta	act Electrical Wholesale Limited, together with all ancillary costs incurred	
in the collection of such sums.		
Print Name:	Date:	
Signature:	Position:	
	DECLARATION	
I/we request credit facilities with your company. If given I/we agree to settle you account in accordance with your Conditions of Sale. I note these		
	nd 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 check	ed through the particulars on this form, and to the best of my knowledge and belief,	
they are correct. I also give consent to Contact Electrical Wholesale	Ltd to process the data entered into this form and to conduct a commercial/	
consumer credit search and future searches in line with the General	l Data Protection Regulations (GDPR). Contact Electrical Wholesale shall not share	
	nt to withdraw your consent at any time, by contacting us on 0121 359 5387. I/we	
confirm and agree to the Conditions of Sale - Copy available upon re	equest.	
Drint Names	Data	
Print Name:	Date:	
Signature:	Position:	
	tions and enclosed a copy of your company letterhead.	
In all cases a landline telephone number is required.		
A Director or Officer will be required to sign this form		
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