



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 be 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

Address:

Postcode:

Contact:

Tel:

Fax:

Email:

TRADING ADDRESS

Address:

Postcode:

Contact:

Tel:

Fax:

Email:

ACCOUNTS DETAILS

Address:

Postcode:

Contact:

Tel:

Fax:

Email:

BANK DETAILS

Address:

Postcode:

Contact:

Tel:

Sort Code:

Account Number:

Accounts Email - This is where your invoices & statements will be sent

SOLE TRADERS & PARTNERSHIPS MUST PROVIDE FULL NAMES AND RESIDENTIAL ADDRESSES

How long at present address?

If you have not been in residence at your current address for more than 3 years, please provide previous addresses.

Full Name:

Date of Birth:

Address:

Postcode:

Is Property: *(Please tick relevant box)*Owned: Leased: Rented: Other:

If other please state:

Full Name:

Date of Birth:

Address:

Postcode:

Is Property: *(Please tick relevant box)*Owned: Leased: Rented: Other:

If other please state:

Please continue on a separate sheet if necessary.

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

Address:	
Postcode:	
Contact:	
Tel:	
Fax:	
Email:	
Website:	

TRADE REFERENCE 2

Address:	
Postcode:	
Contact:	
Tel:	
Fax:	
Email:	
Website:	

CONTINUING GUARANTEE

If the credit account applicant is a limited company ("Company"), a public limited company ("PLC") or a liability partnership ("LLP") the continuing personal guarantee above **MUST** be signed by 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 capacity.

TO CONTACT ELECTRICAL 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 its obligations herein and under your Conditions of Sale, and agree to indemnify against any breach or non-observance thereof by the Company/PLC/LLP. I hereby personally guarantee payment in respect of all sums due from the Company/PLC/LLP to Contact Electrical Wholesale Limited, together with all ancillary costs incurred in the collection of such sums.

Print Name:	
Signature:	

Date:	
Position:	

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 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 Data Protection Regulations (GDPR). Contact Electrical Wholesale shall not share data entered into this form with any third parties. You have the right 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 request.

Print Name:	
Signature:	

Date:	
Position:	

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