

CREDIT ACCOUNT APPLICATION FORM



G2 Electrical Wholesale Ltd

G2 Electrical Wholesale Ltd
Unit 1, Keys Business Village, Keys Park
Road, Hednesford, Cannock, WS12 2HA

Please complete the details below, return to the branch and retain a photocopy for your own records.

BRANCH CONTACT:		
FULL NAME OF COMPANY AND TRADING STYLE:		PARENT COMPANY IF APPLICABLE:
COMPANY REGISTRATION	No: DATE ESTABLISHED:	VAT REGISTRATION No:
REGISTERED OFFICE ADDRESS:		INVOICE ADDRESS (If different):
TEL:	POSTCODE:	TEL: POSTCODE:
FAX:	EMAIL:	FAX:
NAMES AND ADDRESSES OF DIRECTORS / PARTNERS / PROPRIETORS (where Partnerships, all partners must sign):		
NAME: ADDRESS:		NAME: ADDRESS:
TEL:	EMAIL:	TEL: EMAIL:
TYPES OF BUSINESS:	No. OF EMPLOYEES:	TURNOVER:
CONTACT IN ACCOUNTS DEPT:	MONTHLY CREDIT REQUIRED: £	
REFERENCES – TWO TRADE, ONE BANKERS OPINION REQUIRED:		
NAME: ADDRESS:	NAME: ADDRESS:	NAME: ADDRESS:
TEL/EMAIL:	TEL/EMAIL:	TEL/EMAIL:

I am / We are aware that this is an application for a credit account, settlement of which is due at the end of the month following the month of invoicing. I/We have read the Standard Terms and Conditions of Business, shown on the reverse of this application, and accept that these T's and C's will apply to all transactions with your company. I/ We believe the above information to be correct to the best of my/our knowledge.

CONSENT: By signing this Application Form, applicants consent to G2 Electrical Wholesale Ltd processing data. Credit checks and trade references will be taken. A record of your data will be maintained by G2 Electrical Wholesale Ltd. Under the provision of the 1998 Data Protection Act you have the right to view the data held.

Signed: _____ Position in Company _____

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1. DEFINITIONS

OFFICE USE ONLY

BRANCH MANAGER:	CREDIT MANAGER:	REFERENCES OBTAINED / ATTACHED (x) TRADE <input type="checkbox"/> TRADE 2 <input type="checkbox"/> BANK <input type="checkbox"/> AGENCY <input type="checkbox"/> STATUTORY ACCOUNTS <input type="checkbox"/>
BRANCH MANAGER'S REPORT:	CREDIT MANAGER'S REPORT:	REC.CREDIT LEVEL:
DATE:	DATE:	CUSTOMER A/C NO:
OTHER:		

