

CREDIT ACCOUNT APPLICATION

I/We make this application to open a Credit Account with **NE Electrical Wholesalers Ltd.**

I/We understand that your credit terms are that payment is due promptly on the **last day** of the month following the date of invoice and that if granted credit, I/We agree to pay in accordance with these terms. I/We also acknowledge and accept the Conditions of Sale detailed on the reverse of this application form.

A COPY OF YOUR LETTERHEAD MUST ACCOMPANY THIS APPLICATION.

1. DATE

2. PLEASE PRINT YOUR NAME HERE

3. PLEASE SIGN HERE (Both Partners if applicable)

4. PLEASE STATE YOUR POSITION IN COMPANY

5. NAME & BUSINESS ADDRESS

POSTCODE:

TELEPHONE No:

FAX No:

6. REGISTERED OFFICE ADDRESS (Limited Company)
or PRIVATE ADDRESS (Unlimited Business)

6a. ARE YOU A LIMITED COMPANY? _____

6B. REGISTERED No. _____

7. NAME & ADDRESS OF CO-DIRECTORS or PARTNERS (Please state if NONE)

A

B

C

8. HOW LONG ESTABLISHED

9. NATURE OF BUSINESS

10. No. OF EMPLOYEES

11. TYPE OF PREMISES (Shop/Warehouse/Garden Centre/Private Address etc./)

NAME OF OWNER (IN RESPECT OF A PRIVATE ADDRESS)

12. IF YOU ARE PART OF A GROUP OF COMPANIES, A SUBSIDIARY OR ASSOCIATED WITH ANY OTHER COMPANY, PLEASE GIVE DETAILS

13. PLEASE GIVE NAMES AND ADDRESSES OF YOUR BANK AND TWO TRADE REFERENCES

BANK

BANK SORTING CODE:

ACCOUNT NUMBER:

TRADE

TRADE

I/We give our permission to NE Electrical Wholesalers Ltd to take up a bank reference to facilitate the opening of a credit account.

I/We further understand that from time to time the company will update this reference and consent to this ongoing procedure.

14. HOW MUCH CREDIT DO YOU REQUIRE

£

PER MONTH

15. ADDRESS FROM WHICH THE ACCOUNT WILL BE PAID IF DIFFERENT FROM ABOVE

TELEPHONE No:

NAME OF CONTACT FOR ACCOUNT QUERIES:

16. ADDRESS TO WHICH INVOICES SHOULD BE SENT

17. DO YOU REQUIRE A MONTHLY STATEMENT?

18. FOR SALES PROMOTIONAL REASONS WE WOULD LIKE YOU TO COMPLETE THE FOLLOWING

PLEASE ENTER A TICK IN THE APPROPRIATE BOX:

DID YOUR APPLICATION TO OPEN A CREDIT ACCOUNT RESULT FROM:

- A. OUR REPRESENTATIVE ☐
- B. RECOMMENDATIONS FROM A MANUFACTURER ☐
- C. RECOMMENDATIONS FROM A ANOTHER OF OUR CUSTOMERS ☐
- D. SEEING OUR NAME IN YELLOW PAGES OR A SIMILAR PUBLICATION ☐
- E. ANY OTHER REASON (Please state brief details) ☐

19.

OFFICE USE ONLY

MANAGER: _____

COMMENTS:



ELECTRICAL WHOLESALERS LTD.

www.ne-electrical.co.uk

NE ELECTRICAL WHOLESALERS LTD.
UNIT 5 TINSLEY INDUSTRIAL ESTATE
SHEPCOTE WAY,
TINSLEY,
SHEFFIELD S9 1TH
TEL: 0114 2560640 FAX: 0114 2560807
Email: sales.neelectrical@btconnect.com

Dear Sir / Madam,

Since the introduction of the new banking charter, your bank will not provide us with a bank reference without your written agreement. The signature must be one of the cheque signatories on your bank mandate and must be the original signature and not a photocopy.

Would you therefore please sign the consent form below and return it to us at address above with your credit application form.

Yours Faithfully

Credit Control

CONSENT FORM

Bank..... Address.....

.....

.....

Account Name.....

I/We.....

Agree to providing a reference on me/us to NE Electrical Wholesalers Ltd

Signed..... Dated.....

For and behalf of