

APPLICATION TO OPEN A CREDIT ACCOUNT

GENERAL CUSTOMER	INFORMATION						
NAME AND BUSINESS ADDRESS			ARE YOU A LIMITED COMPANY? (Enter YES or NO)				
			REGISTERED OFFICE ADDRESS (Limited Companies) or PRIVATE ADDRESS (Sole Traders/Non-Limited Entities)				
			OF PRIVATE ADDRESS (SOIL	ITaue	EIS/INOI	n-Liinilea Enales)	
POST CODE							
PHONE No.							
MOBILE No.			COMPANY REGISTRATION No. (Limited Companies) or VAT REGISTRATION No. (Sole Traders/Non-Limited Entities)				
E-MAIL ADDRESS							
HOW LONG ESTABLISHED?	NATURE OF BUSINESS		NUMBER OF EMPLOYEES				
TYPE OF PREMISES (Home/Shop/M	/arehouse/Site Office etc.)		TE ADDRESS, PROVIDE THE FO	OLLO	OWING	DETAILS	
		OWNE	OWNER OF PREMISES OWNER OCCUPIED				
						RENTED	
IF YOU ARE PART OF A GROUP OF COMPANIES, A SUBSIDIARY OR ASSOCIATED WITH ANY OTHER COMPANY, PLEASE PROVIDE DETAILS							
IF YOU ALREADY HAVE, OR HAVE	DDEVIOUSI V HEI D. A TRADI	NC ACCOL	INT WITH ANY OTHER REANCH	U 0E	ELEC	TDIC CENTED DI EASE	
PROVIDE DETAILS	PREVIOUSLY HELD, A TRADI	NG ACCOL	ONI WITH ANT OTHER BRANCE	пОг	ELEC	TRIC CENTER, PLEASE	
HOW MUCH CREDIT DO YOU REQUIRE?		DO	DO YOU REQUIRE A MONTHLY STATEMENT? (Enter VES or NO)				
£ PER MONTH			(Enter YES or NO)				
ADDRESS FROM WHICH THE ACCOUNT WILL BE PAID (If different from the General Customer Information section above)			ADDRESS TO WHICH INVOICES SHOULD BE SENT (If different from the General Customer Information section above)				
POST CODE			POST CODE PHONE No.				
PHONE No.			MOBILE No.				
MOBILE No. E-MAIL ADDRESS			E-MAIL ADDRESS				
(To which statements will be sent)			(To which Invoices will be sent)				
NAME OF CONTACT			NAME OF CONTACT				
PLEASE PROVIDE NAMES AND ADDRESSES OF TWO TRADE REFE							
NAME			NAME				
ADDRESS			ADDRESS				
POST CODE		POS	OST CODE				

DIDECTOR DETAIL O AND AUT	LICEICATION					
DIRECTOR DETAILS AND AUT						
NAMES AND HOME ADDRESSES OF DIR (Please state if none. All directors/partners listed)	ECTORS OR PARTNERS must sign. If at present address for less than two yea	ars, also provide previous address).				
A	В	C				
POSTCODE	POSTCODE	POSTCODE				
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH				
SIGNATURE	SIGNATURE	SIGNATURE				
India amplicate anno anno dia account with	Flooting Courtou					
I/We apply to open a credit account with Electric Center.						
I/We understand that your credit terms are that payment is due promptly at the end 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 Terms of Business: www.electric-center.co.uk/terms-conditions .						
Electric Center shall use the information in this application for credit assessment purposes, which will include any appropriate credit check(s) to facilitate the opening of the credit account. The following should be noted:						
A credit check with a credit agency, including ID verification, may form part of this process and any ongoing checks undertaken						
 whilst the credit account is maintained. The credit reference agency will record 	any checks made.					
Such credit checks may relate to any d	irector of the company where this application is	s made on behalf of a limited company.				
Electric Center is a trading name of Edmundson Electrical Ltd.		DATE OF DIDTU				
NAME	STATE YOUR POSITION IN THE COMPANY	DATE OF BIRTH				
SIGN HERE		DATE				
		LDAIF				
SIGN HERE		DATE				
I/We, as applicant, declare that the information	I/We have provided on this form is correct and o					
I/We, as applicant, declare that the information retention and utilisation by you as provided fo	r in the Information Notice below.	complete and I/We consent to its collection,				
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