

CUSTOMER CREDIT APPLICATION FORM

Please complete and return to our Billingshurst branch at
Unit 2b Daux Road, Billingshurst, RH14 9TF - FAO Sue Sears
Tel: 01403 785713, Fax: 01403 785388, creditcontrol@kewelectrical.co.uk
Please ensure that a sample of your current business letterhead is attached.



Received from branch (please tick)

Acton	Belfast	Billingshurst	Brighton	Chichester	Guildford
Haywards Heath	Lewes	Lymington	Rustington	Thanet	Whitstable

TRADING DETAILS (all businesses to complete)

Trading Title					
Date Established					
Nature of Business					
Trading Address					
Postcode		Contact Name			
Telephone Number		Fax Number			
Mobile Number		Email Address			

CREDIT LIMIT REQUIRED	
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SOLE TRADERS AND PARTNERSHIPS

Full Name					
Date of Birth					
Home Address					
Postcode		Home Tel. Number			

Full Name					
Date of Birth					
Home Address					
Postcode		Home Tel. Number			

LIMITED COMPANIES

Registered Name					
Registered Details					
Postcode		Registered Number			

ACCOUNTS DETAILS (if different)

Invoice/Statement					
Address					
Postcode		Contact Name			
Telephone Numbers		Fax Number			
Mobile Number		Email Address			

Please indicate below if you are happy to receive the following by fax or email

	Quotations	Invoices	Statements	Marketing
By Email				
By Fax				

BANK DETAILS

Bank Name			
Address			
Postcode		Contact Name	
Sort Code		Account Number	

TRADE REFERENCES

1st Reference

Business Name			
Address			
Postcode		Contact Name	
Telephone Number		Fax Number	

2nd Reference

Business Name			
Address			
Postcode		Contact Name	
Telephone Number		Fax Number	

I / We confirm that the above details are correct. If a limited company, this form should be signed by a Director or Company Secretary, or if a partnership, by one of the partners.

I/We agree that payment will be made by the end of the month following the invoice date, unless otherwise agreed by a director of Kew Electrical Distributors.

I/We agree to the Company using a recognised Credit Referencing Agency and contacting the bank and trade references if required.

Signature _____ Name _____

Position _____ Date _____

FOR CREDIT CONTROL USE ONLY

Account Number		Recall Code	
Branch		Date Opened	
Kew Credit Limit £		Authorised By	
Extended payment terms if applicable		Authorised By	
Sample of business letterhead received	Y/N	Entered on System By	
Satisfactory trade references received	Y/N	Checked to telephone directory	Y/N
Credit referencing agency report received	Y/N	Approved credit limit £	