

KEW (ELECTRICAL DISTRIBUTORS) LTD

CUSTOMER CREDIT ACCOUNT APPLICATION FORM



Please complete and return to our Head Office at:
 Unit 2 Chapel Road, Southwick, BN41 1PF Tel: 01273 426845 Fax: 01273 426846
 Company registration No. 3156034. Registered office as above.

All sales are made subject to our standard terms and conditions of sale a copy of which will be provided upon request or can be viewed on our website www.kewelectrical.co.uk

PLEASE ENSURE THAT A SAMPLE OF YOUR CURRENT BUSINESS LETTERHEAD IS ATTACHED

| | | | | | |
|----------------|---------------|-----------|------------|-----------------|------------|
| Belfast | Billingshurst | Brighton | Canterbury | Chandlers Ford | Chichester |
| Chippenham | Dartford | Devizes | Dover | Gloucester | Guildford |
| Haywards Heath | Leatherhead | Lymington | Maidstone | Midsomer Norton | Poole |
| Rustington | Shaftesbury | Thanet | Trowbridge | Weymouth | |

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 :£ | | | |

SOLE TRADERS AND PARTNERSHIPS (CONTINUE ON SEPARATE SHEET IF NECESSARY)

| | | | |
|---------------|--|------------------|--|
| 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 Office | | | |
| | | | |
| Postcode | | Registered Number | |

ACCOUNTS DETAILS (if different)

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

ADDITIONAL INFORMATION

Number of Employees 1-5 6-10 11-20 20+

Approximate Annual Spend with Electrical Wholesalers

£0k-£5k £5k-£10k £10k-£20k £10k-£20k
 £20k-£50k £50k-£100k £100k+

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

| | Quotations | Invoices | Statements | Marketing |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|
| By Email | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| By Fax | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SERVICE TYPE (please tick all relevant fields) | |
|---|--------------------------|
| DOMESTIC (Work carried out on domestic dwelling e.g domestic rewire contractor, new housing developer) | <input type="checkbox"/> |
| COMMERCIAL (Work carried out on commercial property e.g office fit out contractor) | <input type="checkbox"/> |
| MAINTENANCE (General electrical maintenance) | <input type="checkbox"/> |
| INDUSTRIAL | <input type="checkbox"/> |
| OTHER (please state) | |

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 | |

BRANCH MANAGER COMMENTS/ADDITIONAL INFORMATION

| | |
|--|--|
| | |
| | |
| | |
| | |

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) Ltd.

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

I/We confirm that your standard terms and conditions of sale will apply to all transactions between us.

Signature _____

Name _____

Position _____

Date _____

FOR CREDIT CONTROL USE ONLY

| | | | |
|---|-----|--------------------------------|-----|
| Account Number | | Recall Code | |
| Branch | | Date Opened | |
| Kew Credit Limit £ | | Authorised by Branch Manager | |
| 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 £ | |