

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 SELECT WHICH BRANCH YOU WILL BE TRADING WITH

Bath	<input type="checkbox"/>	Belfast	<input type="checkbox"/>	Billingshurst	<input type="checkbox"/>	Brighton	<input type="checkbox"/>	Canterbury	<input type="checkbox"/>	Chandlers Ford	<input type="checkbox"/>
Chichester	<input type="checkbox"/>	Chippenham	<input type="checkbox"/>	Cirencester	<input type="checkbox"/>	Dartford	<input type="checkbox"/>	Devizes	<input type="checkbox"/>	Dover	<input type="checkbox"/>
Gloucester	<input type="checkbox"/>	Guildford	<input type="checkbox"/>	Haywards Heath	<input type="checkbox"/>	Leatherhead	<input type="checkbox"/>	Lymington	<input type="checkbox"/>	Maidstone	<input type="checkbox"/>
Midsomer Norton	<input type="checkbox"/>	Poole	<input type="checkbox"/>	Rustington	<input type="checkbox"/>	Shaftesbury	<input type="checkbox"/>	Thanet	<input type="checkbox"/>	Trowbridge	<input type="checkbox"/>
Weymouth	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

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 :£		KEW BRANCH:	

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	

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

ADDITIONAL INFORMATION

Number of Employees 1-10 10-25 25-50 50+

Approximate Annual Spend with Electrical Wholesalers

£0k-£10k £10k-£25k £25-£50k £50k-£100k

£100k-£150k £150k-£250k £250k+

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)	<input type="checkbox"/>

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 must 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 £	