# **KEW ELECTRICAL DISTRIBUTORS** CUSTOMER CREDIT ACCOUNT APPLICATION FORM



Please complete and return to our Head Office at: Unit 2 Chapel Road, Southwick, BN41 1PF Tel: 01273 426845

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

Basingstoke	Bath	Belfast	Billingshurst	: 🔲 Brighton	North Bristol	
Canterbury	Chandlers Ford	Chichester	Chippenham	n 🗌 Cirenceste	r 🗌 Dartford	
Devizes	Dover	Gloucester	Guildford	Haywards	Heath 🗌 Leatherhead	
Lymington	Maidstone	Poole	Rustington	Shaftesbur	y 🗌 Thanet	
Trowbridge	Tunbridge Well	s				

### **TRADING DETAILS (all businesses to complete)**

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

### **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+

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

### **TRADE REFERENCES**

# **1st Reference**

Business		
Name		
Address		
Postcode	Contact Name	
Telephone Number		

## **2nd Reference**

Business		
Name		
Address		
Postcode	Contact Name	
Telephone 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 a 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 you carrying out a search using a recognised Credit Reference Agency who will keep a record of that search and will share that information with other businesses. In some instances we may also make a search of the personal credit file of the principal directors, partners or sole traders. Should it become necessary to review an account then a further credit reference may be obtained and a record will be kept of that.

I/we also agree to you contacting the trade referees as above.

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 Credit referencing agency report received Y/N	Checked to telephone directory Y/N Approved credit limit £

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