

Credit Application Form

Type of Business

Sole Trader Partnership Limited Company

Full Name of Business _____

Trading Name (if different) _____

Registered Company Address _____

_____ Postcode _____

VAT Number _____

Sole Trader / Partnership Details

Full Name and Home Address of Proprietor / Partners

Postcode _____ Postcode _____ Postcode _____

Limited Company Details

Registered Company No. _____ Directors Position

Trading Address (if different from above) _____

Postcode _____ Co. Secretary _____

About Your Business

Date Commenced Trading _____ Number of Employees _____

Turnover Last Year £ _____ Projected Turnover For This Year £ _____

Sales Contact _____ Position _____

Telephone _____ Fax _____ E-mail _____

Bought Ledger Contact _____ Position _____

Telephone _____ Fax _____ E-mail _____

Type of business

How would you classify your Business in terms of the IT marketplace?

Value Added Reseller Original Equipment Manufacturer Other (please provide details)

Consultancy Retail Outlet

Premises

Leasehold Freehold Retail Office Industrial Unit Domestic residence

Credit Requirement

Which type of account do you require? Credit Account Cash Account

Method of Payment Cheque BACS Credit Card*

*Please Note: Administration charge may be applied

Credit Limit Required £ _____

If we are unable to approve a credit account, would you still like to obtain a cash account? Yes No

References

Company Name

Company Name

_____ Postcode _____

_____ Postcode _____

Monthly Spend Credit Limit £ _____

Monthly Spend Credit Limit £ _____

Phone _____ Fax _____

Phone _____ Fax _____

Bank Details

Name _____

Address _____

_____ Postcode _____

Sort Code _____ Account Number _____

Length of Time With Bank _____ Do You Have a Company Credit Card _____

Payment

Payment shall be 30 days from the date of invoice. Errors and Omissions to be notified in writing within 14 days. Orders accepted in accordance with our terms and conditions of sale, copies available on request or downloadable from our web site.

Please sign below to confirm your acceptance of these terms.

For and on behalf of

Signature..... Title..... Date.....

Please fax this completed form to 01975 564222