Industrial & Commercial Suppliers Since 1975



Wensum Works 150 Northumberland Street Norwich, NR2 4EE Tel: (01603) 629956 Fax: (01603) 630113 sales@esedirect.co.uk

Customer Application Form

Please answer all questions fully or your application may have to be returned

Section 1	1.1	Company name:		
	1.2	Invoice address:		
		Postcode:		
	1.3	E-Mail:		
	1.4	Telephone number:		
	1.5	Fax number:		
	1.6	VAT number:		
Section 2	Bus	iness format - tick box		
		Limited Company (LTD)		Please go to Section 3
		Public Limited Company (PLC)	Please go to Section 3
		Limited Liability Partnersh	nip (LLP)	Please go to Section 3
		Sole Trader		Please go to Section 4
		Partnership		Please go to Section 5
		Other		Please go to Section 6
Section 3	LTD	/PLC /LLP Data		
		Registered Office Address		
			-	
		Company registered no		
		Country of registration		
		Trading address		
	(if d	ifferent to 3.1)		
	3.5	Telephone number		

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Section 4	4.1	Name of Sole Trader	
	4.2	Home address	
	4.3	Previous address	
		(if less than 3 years)	
	4.4	Home owner?	☐ Yes ☐ No
Section 5	Parti	nership Data	
	5.1	Names of all Partners	
	5.2	Home addresses of all Partners (please use a separate sheet if necessary)	
	5.3	If home addresses less than 3 years at 5.2 above for any Partner, please give previous addresses	
Section 6	Othe	er Business Formats	
	6.1	Society, registered/ unre	nat of business/ organization (e.g. Friendly egistered club, company limited by guarantee r provisions of Companies Act please also
	6.2	Give details of any organ	nisations to which affiliated or connected
	6.3	Please give names of at l Secretary/Chairman	least two senior personnel, i.e.

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Section 7	To b	e answered by all applica	nts		
	7.1	Period trading at address at 1.1 above			
	7.2	If less than 3 years, previous address(es)			
		,			
	7.3	Have you traded with us before?	Yes		☐ No
		If yes, give details:			
		A/C Number			
		Last trading			
	7.4	Is the property at 1.1 above	Freehold		Leasehold
Section 8	Deliv	veries			
	8.1	Preferred delivery timing	am	no preference	pm
	8.2	Preferred telesales call	am am	no preference	pm
	8.3	Named contact for orders			
	8.4	Telephone number			
	8.5	Fax number			
	8.6	Email address			
Section 9		Details			
	9.1	Bank Name			
	9.2	Branch Address			
	9.3	Branch Sort Code			
	9.4	Account Name			
	9.5	Account Number			
	ر.ن	ACCOUNT NUMBER			

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Section 10	Credit	Limit etc.	
	10.1	Credit limit requested?	
	10.2	Credit period, (our normal terms are net 30 days)	
	10.3	Direct Debit arrangement required?	
	10.4	Address for statements	
		(if different from delivery address)	
	10.5	Name of accounts contact	
	10.6	Telephone number	
	10.7	Fax number	
	10.8	Email address	
Section 11	Trade	referees (2 required)	
	11.1	Name	
		Address	
		Telephone & Email	
		Account number	
	11.2	Name	
		Address	
		Telephone & Email	
		Account number	

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Customer Undertaking and Declaration

I/We have read your Terms and Conditions of Sale and confirm that such Terms and Conditions will apply to all my/our transactions with the Company. I also confirm that I have fully and truthfully completed all sections above.

Signed	Date	
For and on behalf of Applicant	Name	
	Position	
Please return to:		
Accounts Department ESE Direct Ltd		

Email: accounts@esedirect.co.uk

For Office Use only

Fax: 01603 630 113

Bank reference check	Signed		Date
Credit ref.check	Signed		Date
Trade reference check	Signed		Date
Cheque limit	£	Authorised	Date
Credit limit	£	Authorised	Date

Approved by: Date	
Confirmed to customer	Date
Account number allocated	Sort key/code
Salesperson	Rep. Number
Area Code	Payment Code
Credit Code	Terms Code