

Customer Credit Application Form

Please complete in BLOCK CAPITALS

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 Business format - tick box

Limited Company (LTD)	<input type="checkbox"/>	<i>Please go to Section 3</i>
Public Limited Company (PLC)	<input type="checkbox"/>	<i>Please go to Section 3</i>
Limited Liability Partnership (LLP)	<input type="checkbox"/>	<i>Please go to Section 3</i>
Sole Trader	<input type="checkbox"/>	<i>Please go to Section 4</i>
Partnership	<input type="checkbox"/>	<i>Please go to Section 5</i>
Other	<input type="checkbox"/>	<i>Please go to Section 6</i>

Section 3 LTD/PLC /LLP Data

3.1 Registered Office Address _____

3.2 Company registered no _____

3.3 Country of registration _____

3.4 Trading address _____
(if different to 3.1) _____

3.5 Telephone number _____

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 Partnership 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 Other Business Formats

6.1 Please state exactly format of business/ organization (e.g. Friendly Society, registered/ unregistered club, company limited by guarantee etc.). If requested under provisions of Companies Act please also completion Section 3.

6.2 Give details of any organisations to which affiliated or connected

6.3 Please give names of at least two senior personnel, i.e. Secretary/Chairman

Section 7 To be answered by all applicants

- 7.1 Period trading at address at 1.1 above _____
- 7.2 If less than 3 years, previous address _____

- 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 Deliveries

- 8.1 Preferred delivery timing am no preference pm
- 8.2 Preferred telesales call am no preference pm
- 8.3 Named contact for orders _____
- 8.4 Telephone number _____
- 8.5 Fax number _____
- 8.6 Email address _____
-

Section 9 Bank Details

- 9.1 Bank Name _____
- 9.2 Branch Address _____

- 9.3 Branch Sort Code _____
- 9.4 Account Name _____



9.5 Account Number

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 _____
-

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 this form together with a copy of your Letterheaded stationery to:

Accounts Department
ESE Direct Ltd
Fax: 01603 630 113
Email: accounts@esedirect.co.uk

For Office Use only

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