



Unit 4C The Birches Industrial Estate
 Imberhorne Lane
 East Grinstead, West Sussex
 RH19 1XZ

Tel: 01342 302023
 Fax: 01342 302024
 E-mail: sales@elcolighting.co.uk
 www.elcolighting.co.uk

Application For a Credit Account

Please Complete all sections and return to the above address including a copy of you Company letterheaded paper

Company Details

Full Company Name

Trading Name If different to above

Registered office (If LTD Company)

Business Address (Invoices & statements will be sent to this address)

Postcode Telephone No. Fax No.

Email Company registration No

Date of incorporation or commencement No of employees

Names & Home Addresses if not a a Ltd Company of partners/proprietors (Delete as applicable)

Key personnel

1 2

3 4

Business description

Type of business (Please Tick) PLC LTD Company Partnership Sole Proprietor

IMPORTANT: Did an Elco agent contact you? Yes No. Please specify name

Credit Limit required £ Anticipated initial order £

If the Company is a subsidiary of a group please complete the section below

Name of holding Company

Company registration No.

Address of holding Company registered office

If you are not a LTD Company, would you be willing to sign a personal guarantee? (Please Tick box)

Yes

No

Who in your organisation will deal with payments to us?

Name Position

Telephone No. Fax No.

Who in your organisation is responsible for buying?

Name Position

Bank Details

Name of Banker

Address

Post Code Tel. No.

Account No. Sort Code

Commercial References

Please provide trade references from **two** established companies you have dealt or deal with in recent times.
Private & Non-trade references are not acceptable including Solicitors, Accountants & Landlords

1 Name & Address

Post Code

Telephone No. Fax No.

Nature of business

Your account number with this Company

2 Name & Address

Post Code

Telephone No. Fax No.

Nature of business

Your account number with this Company

I/We understand that if Elco Lighting decline this application they are not obliged to state the reason

I/We also understand that payment is strictly 30 days month end of invoice.

Full terms & conditions are available upon request

**I/We hereby apply for a credit account with Elco lighting and warrant that the information given buy us
Is true and complete and that the account will be paid in accordance with your trading terms.**

Signature of applicant Date

Position in Company

ELCO LIGHTING RESERVE THE RIGHT TO CLOSE CREDIT ACCOUNTS IF PAYMENT TERMS ARE NOT ADHERED TO.

OFFICE USE ONLY

DATE APPLICATION RECEIVED	TRADE REFERENCES		STATUS ENQUIRY	
	SENT	<input type="text"/>	SENT	<input type="text"/>
	RECEIVED	<input type="text"/>	RECEIVED	<input type="text"/>
CREDIT LIMIT	AUTHORISED BY		ACCOUNT NUMBER	
	<input type="text"/>		<input type="text"/>	



PRIVATE & CONFIDENTIAL STATUS ENQUIRY & CONSENT FORM

Enquiry from **Elco Lighting**
Unit 4C, The Birches Industrial Estate
Imberhorne Lane, East Grinstead,
West Sussex, RH19 1XZ

Date:

To the Manager:	<input type="text"/>	Bank
	<input type="text"/>	Branch
Sort Code	<input type="text"/>	
Account Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
Account Number	<input type="text"/>	

Please provide your opinion concerning the ability of your customer to meet a financial commitment of

£ over months. We enclose your administration fee of £
(Including VAT)

CONSENT

I/We authorise	<input type="text"/>	Bank PLC
	<input type="text"/>	Branch
To provide a Bankers opinion as stated above. Please provide your Bank's telephone number	<input type="text"/>	
Signed	<input type="text"/>	Date <input type="text"/>
Please note, you must sign this form or your Bank will refuse to process it.		
Full Name	<input type="text"/>	
For & on behalf of	<input type="text"/>	