



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 Ltd Company of partners/proprietors (Delete as applicable)



Key personnel

|   |   |
|---|---|
| 1 | 2 |
|---|---|

|   |   |
|---|---|
| 3 | 4 |
|---|---|

Business description

Type of business (Please Tick Box)  Public Limited Company  LTD Company  
 Partnership  Sole Proprietor

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 from invoice date**

**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"/> |                      | <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.<br>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"/> |                           |