

EDWARDES BROS (DULWICH) LTD ELECTRICAL WHOLESALERS & DISTRIBUTORS Head office & Accounts: Suite One, 677 Princes Road, Dartford, Kent DA2 6EF Tel: 01322 282010 e-mail: accounts@edwardes.co.uk

Application for a Monthly Credit Account POST OR EMAILTO THE ABOVE ADDRESS

Company name in full							
Address for invoices							
					Post cod	e	
Company Registration No	Length of time trading years if not Limited			years			
Type of Business	I						
Accounts contact	Tel no Fax no						
	Email						
Buyer contact	Tel no Fax no						
			Email				
Name(s) & Address(s) of Director(s)			Partners	Proprietor(s)			
1			2				
Post code			Post code				
Bank Name	A/C No	0	-	Sort Code		-	-
Branch address	l			Post code			
	ferences from tw	o companie	s with whom you ha	ve a credit a	iccount		
Trade Reference Name 1	Trade Reference Name 2						
Address	Address						
Post code			Post code				
Tel no E	Email		Tel no Email				
	Do you require a web login?	Yes No	Email Address for web login:				
Signed: Print Name: Date: Position:			Declaration I/We request credit facilitie I/We certify that the particu I/We acknowledge, accept a be viewed on the Edwardes or alternatively can be supp I/We understand that person confidence and may be disc and other responsible third Must be signed by the business or of	ulars on this form and agree to you website at www plied upon reque nal data given w closed to credit r parties who may y a directo	have been of r terms and of v.edwardes.c st. ill be held ar eference age process the or, partm	checked and a conditions of o.uk/t&cs.pd ad processed ncies, banks, data. her, prop	sale which can f securely in , credit insurers

****A LETTERHEAD MUST ACCOMPANY THIS APPLICATION****

For office use only										
Rep 40	Loc	Code	DNL	Letter	Ву	A/C no	Date			