

ACORN



ELECTRICAL SUPPLIES LTD



ST HELENS BRANCH

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OFF SHERDLEY ROAD,
ST HELENS WA9 5AE

Tel: (01744) 735606 Fax: (01744) 454460

e-mail: sthelenssales@acornelec.co.uk

WIGAN BRANCH

UNIT 2,
ORRELL STREET
OFF WARRINGTON ROAD,
WIGAN WN1 3AQ

Tel: (01942) 246246 Fax: (01942) 233800

e-mail: wigansales@acornelec.co.uk

APPLICATION FOR COMMERCIAL CREDIT

APPLICANT'S FULL NAME _____

TRADING STYLES (if applicable) _____

TRADING ADDRESS _____

TEL NO: _____ FAX NO: _____ VAT NO: _____

TYPE OF BUSINESS LTD CO _____ SOLE TRADER _____ PARTNERSHIP _____

(please tick applicable)

IF LTD CO: REGISTERED OFFICE ADDRESS _____

TEL NO : _____ YEAR OF INCORPORATION: _____ ANNUAL SALES£ _____
REG NO _____

IF SOLE TRADER/PARTNERSHIP PLEASE PROVIDE FULL NAMES, HOME ADDRESS & TELEPHONE NUMBERS OF ALL PARTNERS (use separate sheet if necessary)

1. _____ TEL NO: _____

2. _____ TEL NO: _____

3. _____ TEL NO: _____

_____ TEL NO: _____

_____ TEL NO: _____

_____ TEL NO: _____

PRINCIPAL NATURE OF BUSINESS: _____ *From Little Acorns....*

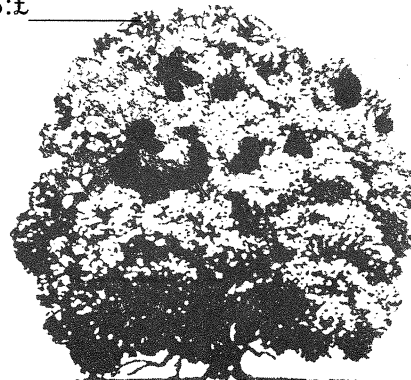
HOW LONG TRADING _____ ANNUAL SALES:£ _____

PLEASE RETURN THIS FORM TO OUR ST HELENS BRANCH
WITH A COPY OF YOUR LETTERHEAD



Visit our Web Page

www.acornelec.co.uk



Registered in England and Wales Company No 4882247

Registered Office: Unit 8, Ormande Street, St. Helens Merseyside WA9 5AE

BANK NAME & ADDRESS: _____

A/C NO: _____

SORT CODE: _____

TRADE REFERENCES:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TEL NO: _____

TEL NO: _____

FAX NO: _____

FAX NO: _____

AMOUNT OF CREDIT REQUIRED: £ _____ PER _____

NOTE: TRADE REFEREES SHOULD BE ABLE TO SPEAK FOR A CREDIT FIGURE OF ABOVE)

I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE ON THE STATED TERMS, AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.

I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKERS OPINION AS TO OUR SUITABILITY FOR THE ABOVE AMOUNT.

PLEASE FIND ENCLOSED OUR STANDARD TERMS AND CONDITIONS.

PLEASE NOTE OUR TRADING TERMS ARE STRICTLY NETT MONTHLY ACCOUNT.

SIGNED: _____

FULL NAME: _____

POSITION: _____

FOR & ON BEHALF OF: _____

CONTINUING GUARANTEE

NB if the customer is a limited liability company or partnership established less than five years the continuing guarantee below **MUST** be signed by a director or secretary (In the case of a limited liability company) or equity partner (in the case of a limited liability partnership) it may also be required to be completed in other cases

TO ACORN ELECTRICAL SUPPLIES LTD

In consideration of your agreeing to grant credit facilities to the company or limited liability partnership described above (" the company") I hereby unconditionally guarantee the due and punctual performance and observance by the company of its obligations herein and under our Conditions of Sale overleaf and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company

Print Name -----

Position -----

Date of Birth ----/--/--/-----

Signed-----Dated----/--/--/-----