



ELDIS

Application for Credit Facilities

Full Name of Trading Company			
Telephone Number		Account Contact	
Accounting Address where invoices are sent if Limited Company			
		Post Code:	
If limited company Registered Office Address			
		C.O.Reg. No	
Name and Address of Proprietor(s) for sole trader / partnership			
		Post Code	
Company Information	Nature of Business :		
	Annual Turnover £	Date Established :	
Please indicate Monthly Amount of Credit Required	£1000	£2000	£5000
	Amount Required if Over £5000		
Is your Company a Member of a Larger Group	YES / NO	If Yes Please State Group	
Name and Address of Banker			
		Sort Code :	
	Account No :		
Name and Address of Two Trade References	Reference 1:		
		Tel	
		Fax	
	Reference 2:		
	Tel		
	Fax		

1 / We acknowledge and accept the conditions of sale and understand that should credit facilities be afforded to you/us that your terms of business require settlement of accounts during the month following date of invoice

PLEASE ATTACH A SAMPLE OF YOUR CURRENT COMPANY LETTER HEADING

ACCOUNTS FAX : 0121 333 1430

TELEPHONE : 0121 359 4521

239-242 Great Lister Street, Heartlands, Nechells, Birmingham, B7 4BS

Signature :

Date :

Position :

Company Reg No : 1503244 VAT No 486 6223 20
Directors : R.E Henry(Chairman); D.C Henry B.Sc (Hons), MBA (Managing Director)
D.A Henry (Sales Director); J.E Henry(co. Secretary)
A Division of Henlid Ltd

Email : sales@eldis.co.uk Web : www.eldis.co.uk

A Member of AWEBB

A Member of Electrical Distributors Association