



Electrical
Wholesale

**APPLICATION
FOR A
CREDIT
ACCOUNT**

Please complete and return to the address below
with a copy of your Company Letterheaded paper

Return to
QVS Electrical Wholesale, Accounts Dept,
4C The Birches Industrial Estate, Imberhorne Lane, East
Grinstead, West Sussex, RH19 1XZ
Tel: 01342-302244 Fax: 01342-302266

Please complete ALL sections

COMPANY DETAILS

FULL COMPANY NAME:.....

TRADING NAME (If different from above):

REGISTERED OFFICE (If LTD Company):

BUSINESS ADDRESS (Invoices and statements will be sent to this address):

.....

.....POSTCODE.....

TELEPHONE No.FAX No.

DATE OF INCORPORATION OR COMMENCEMENT:

COMPANY REGISTRATION No.....NUMBER OF EMPLOYEES:.....

NAMES AND HOME ADDRESSES IF NOT A LTD COMPANY OF PARTNERS / PROPRIETORS (Please delete as applicable)

.....

.....

KEY PERSONNEL

1.2.

3.4.

TYPE OF BUSINESS (Please tick box)

PUBLIC LIMITED COMPANY LTD COMPANY PARTNERSHIP SOLE PROPRIETOR

TYPE OF BUSINESS / TRADE TYPE:.....

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 LIMITED COMPANY, WOULD YOU BE WILLING TO SIGN A PERSONAL GUARANTEE? (Please tick box)

YES NO

ARE YOU ALREADY RECEIVING OUR CATALOGUE ON A REGULAR BASIS?

YES NO

WHO IN YOUR ORGANISATION WILL DEAL WITH PAYMENTS DUE TO US?

NAME:POSITION:.....

TELEPHONE No.FAX No.

WHO IN YOUR ORGANISATION IS RESPONSIBLE FOR BUYING?

NAME: POSITION:

WHAT DOES YOUR ORGANISATION PLAN TO BUY? (Please tick relevant boxes)

WIRING ACCESSORIES LAMPS LIGHTING COMMERCIAL LIGHTING

HEATING VENTILATION SWITCHGEAR SECURITY

SPECIFY OTHERS

IF YOU ALREADY HAVE CREDIT ACCOUNTS WITH OTHER ELECTRICAL WHOLESALERS PLEASE LIST BELOW

1 2

3 4

BANK DETAILS

NAME OF BANKERS:

ADDRESS:

POSTCODE TELEPHONE No.

ACCOUNT No SORT CODE

COMMERCIAL REFERENCES

Please provide 2 TRADE REFERENCES from established and reputable companies with which you deal or have dealt with in recent times. Private non-trade references are not acceptable (including Solicitors, Accountants and Landlords). Should the referees, by reason of their status, be unacceptable, we reserve the right to ask for further names.

NAME OF FIRST TRADE REFERENCE:

ADDRESS:

..... POSTCODE:

TELEPHONE No FAX No

NATURE OF BUSINESS:

PLEASE QUOTE YOUR ACCOUNT REFERENCE WITH THIS COMPANY:

NAME OF SECOND TRADE REFERENCE:

ADDRESS:

..... POSTCODE

TELEPHONE No FAX No

NATURE OF BUSINESS:

PLEASE QUOTE YOUR ACCOUNT REFERENCE WITH THIS COMPANY:

I / WE ACKNOWLEDGE, ACCEPT AND AGREE THAT ALL TRANSACTIONS WITH QVS ELECTRICAL WHOLESALE ARE SUBJECT TO THE CONDITIONS OF SALE SUPPLIED HEREWITH.

I / We hereby apply for credit with QVS Electrical Wholesale and warrant that the information given above is true and correct.

SIGNATURE POSITION HELD

NAME (Block Capitals) Date



EXTRACT OF TERMS AND CONDITIONS

1. These conditions apply to the exclusion of any condition whatsoever of the buyer whether implied or expressed.
2. No variation, waiver or addition to these conditions will be accepted by the Company unless agreed in writing and signed by a Director of the Company.
3. The Company reserves the right to vary prices at any time. Prices are exclusive of value added tax or duties which the buyer shall be additionally liable to pay the Company.
4. Prices quoted relate to the goods collected from the Company premises and do not include delivery charges which the buyer shall be additionally liable to pay the Company.
5. The Company will attempt to meet the buyer's reasonable delivery requirements but delivery dates quoted are approximate and time shall not be of the essence.
6. The buyer shall inspect the goods upon receipt and notify the Company without delay of any items which are missing or damaged.
7. The goods will remain the property of the Company until the Company has received payment in full for the goods and any other goods supplied to the Buyer by the Company.
8. If any goods sold by the Company are proved to be defective, (provided they are returned within 7 days from the date of delivery, or where the defect was not apparent on reasonable inspection within a reasonable time after discovery of the defect) and the Company is satisfied that such defect is not as a result of damage, misuse or incorrect installation by the buyer and the Company shall at its sole discretion and subject satisfactory proof of purchase either:
 - a) Arrange for the goods to be repaired at no extra cost to the buyer: or
 - b) Replace the goods (or the part in question): or
 - c) Refund to the buyer the price of the goods (or a proportionate part of the price) and in any case the Company shall have no further liability to the buyer.The statutory rights of the Buyer are not effected.
9. An order may only be cancelled with the Company's written agreement and the buyer will reimburse the Company for all losses, costs, charges and expenses incurred as a result of such cancellation.
10. The Company does not supply goods on a sale or return basis and there is no obligation on the Company to accept returned goods. Payment for the goods is due on delivery unless otherwise agreed in writing by the Company.

A copy of the full terms and conditions of sale are available on request.

**FOR OFFICE USE
ONLY**

CREDIT LIMIT	AUTHORISED BY	DATE	INITIALED
BRANCH	TRADE TYPE	MAIL CODE	AC No.



PRIVATE and CONFIDENTIAL Status Enquiry and Consent Form

ENQUIRY FROM: QVS ELECTRICAL WHOLESALE LTD.
4C The Birches Industrial Estate,
Imberhome Lane, East Grinstead,
West Sussex, RH19 1XZ

DATE: _____

TO: The Manager.....Bank
.....Branch
Sort Code:

Account Name:.....
Address:.....
.....
.....
Account Number:

Please provide your opinion concerning the ability of your customer to meet a financial commitment of:
£.....over.....months.
We enclose your administration fee £.....(including VAT)

Consent

I / We AuthoriseBank plc.....Branch
to provide a Bankers opinion as stated above.
Please provide your Bank's Telephone Number:.....

Signed:Date:.....
Please Note: You must sign this form or your Bank will refuse to process it.
Full Name:.....
For and on behalf of:

Please forward your consent form with your 'Application for Credit Account' Form to:
The Accounts Manager,
QVS Electrical Wholesale Ltd.
4C The Birches Industrial Estate, Imberhome Lane, East Grinstead, West Sussex, RH19 1XZ
Tel: 01342-302244 Fax: 01342-302266