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www.electronics-direct.com

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sales@electronics-direct.com

Account Application Form

COMPANY NAME _____ **CREDIT REQUESTED £/€//\$** _____
Please complete amount

COMPANY ADDRESS _____ **INVOICE ADDRESS (if different)** _____

Telephone number _____ **VAT NUMBER** _____
Facsimile number _____ **CO. REG NUMBER** _____
Accounts Email _____ **Web Site** _____

Purchasing Contact _____ **Accounts Contact** _____

Company Status (please tick one)	PLC/INC <input type="checkbox"/> Ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Sole <input type="checkbox"/>	Company Age (please tick one)	< 1 Year <input type="checkbox"/> 2 - 5 Years <input type="checkbox"/> 5 - 10 Years <input type="checkbox"/> 10 + Years <input type="checkbox"/>
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TRADE REFERENCE 1 _____ **TRADE REFERENCE 2** _____

Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email _____	Email _____

BANK ADDRESS _____ **SORT CODE** _____
 _____ **ACCOUNT CODE** _____
 _____ **OTHER DETAILS** _____

I am duly authorised by the above company to agree to terms and conditions, payment terms of 30 days from end of month of invoice and have read and agree to abide by the terms and conditions at <http://www.electronics-direct.com/terms-sale.php>

Signature _____ **Position** _____

Printed Name _____ **Date** _____