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TEL: ++ 44 (0) 1347 878210
www.electronics-direct.com

FAX: ++ 44 (0) 1347 878 211
sales@electronics-direct.com

Account Application Form

COMPANY NAME _____ **CREDIT REQUESTED** _____

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

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

CREDIT REQUESTED _____

Purchasing Contact _____ **Accounts Contact** _____

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

<p>Contact Name: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email _____</p>	<p>Contact Name: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email _____</p>
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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 _____