

Valley Electrical Supplies Co. Ltd
311B Foster Court
Team Valley Trading Estate
Gateshead
Tyne & Wear
NE11 0NH



**Valley Electrical
Supplies Co. Ltd**
Credit Application Form

E: admin@valley-electrical.co.uk
T: 0191 4877901
F: 0191 4877902

Business / Trading Name _____

Business Type: Plc Ltd Partnership Sole Trader

Business Address: _____

_____ Post Code _____

Details of People Authorised to Place Orders:

Name: _____

Position: _____

Name: _____

Position: _____

Is a Purchase Order No Required? Yes / No

Main Tel No: _____

Accounts Tel: _____

Email: _____

Mobile No: _____

Are any of the directors, owners or partners in this business an un-discharged bankrupt? Yes/No

Have any of the directors, owners or partners held any other credit accounts with us? Yes/No

If so, please provide account name(s):

Ltd / Plc Companies Only: Company Registration No: _____ Date of Incorporation: _____

Directors Name: _____ Home Address: _____
_____ Post Code: _____

Directors Name: _____ Home Address: _____
_____ Post Code: _____

Directors Name: _____ Home Address: _____
_____ Post Code: _____

Sole Traders / Partnerships Only

Proprietor / Partner: _____ Home Address: _____
_____ Post Code: _____

Proprietor / Partner: _____ Home Address: _____
_____ Post Code: _____

Proprietor / Partner: _____ Home Address: _____
_____ Post Code: _____

**Name of People Authorised To Make Payment & Co Bank
Details:**

Name: _____

Direct No: _____

Email: _____

Name: _____

Direct No: _____

Email: _____

Bank Name: _____

Sort Code: _____ Branch: _____

Acc No: _____

Trade Reference Name : _____

Address: _____

_____ Current Credit Limit: _____

Trade Reference Name: _____

Address: _____

_____ Current Credit Limit: _____

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.
Must be signed by a director, partner or proprietor of the business

Please attach a copy of your company letterhead with this application.

Signed: Print Name: Date: