

CREDIT ACCOUNT APPLICATION FORM

**FCC ELECTRICAL
WHOLESALEERS LTD**

Units 1 & 2 Hallam Way
Old Mill Lane Industrial Estate
Mansfield Woodhouse
Notts NG19 9BG

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**1: FULL COMPANY
NAME & ADDRESS**

**2: TRADING TITLE
(If different)**

3: TEL. NO.

MOBILE

3: FAX NO.

5: COMPANY REG. NO.

6: VAT NO

7: HOW LONG EST.

8: DIRECTORS/OWNERS NAMES & ADDRESS(ES) IF NON-LIMITED

**9: MONTHLY CREDIT
REQUESTED**

a: _____

b: _____

c: _____

£ _____

10: BANKERS NAME & ADDRESS

11: A/C NO.

12: NO. OF YEARS WITH PRESENT BANK

13: SORT CODE

14: PLEASE PROVIDE NAME & ADDRESS OF TWO MAIN SUPPLIERS

1

2

Tel No:

Fax No:

Tel No:

Fax No:

I CONFIRM THAT THE ABOVE DETAILS ARE CORRECT AND THAT I ACCEPT THE TERMS & CONDITIONS PUBLISHED ON THE REVERSE OF THIS FORM, WHICH MAY BE AMENDED AT ANY TIME BY THE COMPANY.

SIGNED:

DATE:

POSITION IN COMPANY