



CREDIT ACCOUNT APPLICATION FORM

Electrical Rewind & Repair Services Ltd
 100 Oxford Street, Hull, East Yorkshire, HU2 0QP
 Tel: 01482 225691 Fax: 01482 323976
 Email:accounts@electricalrewind.com www.electricalrewind.com

Company Details

Name:

Address:

Telephone No: Fax No: Email:

Registered Office (if different):

Company Registration No: Years of Trading:

Names of Directors:

Expected Monthly Credit Required: £.....

Bank Details

Name & Address:

Account No: Sort Code:

Trade References

Reference 1 – Name & Address:

Tel: Fax: Average Monthly Trading £.....

Reference 2 – Name & Address:

Tel: Fax: Average Monthly Trading £.....

Credit given to a customer/client is subject to us receiving favourable credit information dated within the last 12 months from a FCIA approved credit agency. Signing this application agrees acceptance of Electrical Rewind & Repair Services terms & conditions of sale.

Signed Position

Name (please print) Date