



New Account Application Form

Area Sales Manager _____

Trading Name IN FULL _____
 Please ensure that this is your exact trading style

Invoice Address

 _____ Postcode _____
 Telephone _____ Fax _____ E-mail _____

Delivery Address (if different to above)

 _____ Postcode _____
 Telephone _____ Fax _____ E-mail _____

Parent company Name and address (if applicable)

 _____ Postcode _____

If possible, would you prefer invoices/statements by: Post Fax E-mail

Purchase Ledger Contact _____ Direct Telephone _____
 Purchasing Contact _____ Direct Telephone _____

Type of Company Sole Trader Partnership Limited PLC
 How long established? _____ Credit Limit Required £ _____

Please complete either A or B

<p>A FOR A LIMITED COMPANY OR PLC</p> <p>Registered Name _____ Registered No _____ VAT Reg No _____</p> <p>Address of Registered Office _____ _____ _____</p>	<p>B FOR A SOLE TRADER OR PARTNERSHIP Full names and addresses required for Sole Trader or each Partner as applicable. Postcodes are essential</p> <p>1. _____ _____</p> <p>2. _____ _____</p> <p>3. _____ _____</p>
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Directors Names (if Ltd company)

1 _____ 2 _____
 3 _____ 4 _____





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TRADE REFERENCES

1. Name _____ Telephone No _____
 Full Address _____
 2. Name _____ Telephone No _____
 Full Address _____

REFERENCES

I/We authorise you to take up references at any time from the above mentioned bank and trade sources. We will make searches with a credit reference agency which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principle directors/owner/partners with a credit reference agency.

TRADING TERMS

All accounts are strictly net and payable 21 days following month of invoice. A copy of our standard terms and conditions is available on our website at <http://www.erahomesecurity.com/file/Conditions%20of%20Sale%2003%2015.pdf>

I/We hereby acknowledge I/we have read a copy of your standard terms and conditions of sale which I/We accept shall apply to every sale contract entered into between us. In particular, I/We have noted and accept all the conditions relating to the granting of credit, terms of payment and retention of title and property in all goods supplied until all monies outstanding under any sales contract have been received by you by way of cleared funds.

Signed _____

*Director or Company Secretary for Ltd or PLC. *Proprietor or all partners to sign for Sole Trader or Partnership

Print Names(s) _____

Position in Company _____

Date _____

Once completed, please return this form, along with a copy of your Company letterhead to Carol Lowe either by fax to: 01922 490048 or by email to: carol.lowe@erahomesecurity.com

For Office Use Only

Credit Limit Authorised £ _____

Date _____

Authorised Signature _____

