



QUANTUM ELECTRICAL DISTRIBUTION ACCOUNT APPLICATION FORM



APPLICATION CHECK LIST PRIOR TO SUBMITTING

- 1 Have you enclosed one form of identification?
2 Company letterhead (Limited company)?
3 Proof of address, such as bank, building society or credit card statement or recent utility bill (Sole trader/Partnerships only)?

Three empty checkboxes corresponding to the application checklist items.

Please return your completed credit application form via post to: - Credit Control Department Quantum Electrical Distribution Ltd.

Units 5 & 6 Ravenna Point , Terminus Road, West Sussex, PO19 8GS or via Email to: - finance@quantum-electrical.com

TRADE CREDIT ACCOUNT APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

(for any enquiries relating to this form please call (CRAWLEY 01293 213 007 / CHICHESTER 01243 681 007)

PLEASE SELECT YOUR PRIMARY BRANCH: CRAWLEY [ ] CHICHESTER [ ]

YOUR BUSINESS DETAILS

COMPANY/TRADING NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ TEL NUMBER: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ACCOUNTS CONTACT (if required): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

IF PRIVATE ADDRESS: IS THIS ADDRESS: OWNED [ ] RENTED [ ] LEASED [ ]

TYPE OF COMPANY: SOLE PROPRIETOR'S [ ] PARTNERSHIP [ ] LIMITED COMPANY [ ] LLP [ ] PLC [ ] OTHER (please state below)

LIMITED COMPANIES ONLY:

COMPANY REGISTRATION NUMBER : \_\_\_\_\_ YEARS TRADING : \_\_\_\_\_

TRADE REFERENCE 1

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ TEL NUMBER: \_\_\_\_\_

CREDIT LIMIT: (£) \_\_\_\_\_

TRADE REFERENCE 2

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ TEL NUMBER: \_\_\_\_\_

CREDIT LIMIT: (£) \_\_\_\_\_

Credit limit you wish to apply for : (£) \_\_\_\_\_

BANK NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_ SORT CODE: \_\_\_\_\_

**CUSTOMER AUTHORISATION FOR BANK REFERENCE**

1/WE (CUSTOMER NAME) \_\_\_\_\_

OF (CUSTOMER ADDRESS): \_\_\_\_\_

Hereby authorize you to provide a reference on me/us in response to any requests you may receive from Quantum Electrical Distribution Ltd, subject to payment of any related fee by the originator, without further reference to me/us.

**This authority shall remain in force unless and until cancelled by me/us in writing**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**For and on behalf of: -**

(This form should be signed by a Director/Partner/Owner or other such properly authorized person)

**CUSTOMER DECLARATION/PERSONAL GUARANTEE (DELETION ONLY BY A QUANTUM DIRECTOR):**

I/We the undersigned apply to Quantum Electrical Distribution for credit facilities and declare that the information given above is accurate.

I/We agree to trade on Quantum Electrical Distribution Terms and Conditions of Sale as are applicable at the date of the transaction and confirm that I/We have read the Terms and Conditions of Sale contained in this form. Quantum Electrical Distribution reserves the right to terminate this agreement for credit forthwith without notice upon a breach by the customer

This is a legally binding document. We recommend each personal guarantor seeks independent legal advice as to his or her liabilities under this document before signing it. In consideration of Quantum Electrical Distribution agreeing to grant credit facilities to the Applicant, you, the undersigned, unconditionally guarantee the due and punctual performance and discharge of all of the Applicant's current and future financial obligations to Quantum Electrical Distribution, including any subsequent increase(s) in credit limit and all interest and late payment charges upon such sums. Please refer to the full terms and conditions relating to this personal guarantee and indemnity section 56).

**NAMES AND HOME ADDRESSES OF DIRECTORS OR PARTNERS**

(PLEASE STATE IF NONE. ALL DIRECTORS/PARTNERS LISTED MUST SIGN)

**1. FULL NAME 1:** \_\_\_\_\_ **POSITION** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**2. FULL NAME 2:** \_\_\_\_\_ **POSITION** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**QUANTUM RESPECT YOUR PRIVACY**

If you open an account, we may search the files of credit reference agencies who will record the search, and we may share that information about the way in which you conduct your account with other lenders and with credit reference agencies. If you do not wish for us to carry out such a search then please do not complete this form. We may need to disclose your information to our agents. We will record your purchasing preferences and may use your information for marketing. We may pass your information to our group companies or other carefully selected third parties and we, Or they may wish to contact you with offers of goods or services which may interest you. We will only do this if you do not object below to us doing so.

1. Please tick here if you do not want us to contact you with information about goods and services which we feel may be of interest to you by:

post  telephone  email

2. Please tick here if you do not want us to disclose your personal data to selected third parties (including other companies within our group) so that they can provide you with information about their goods or services Under the data protection act, you have the right to apply for a copy of the information we hold on you (for which we may charge a small fee) and to correct any inaccuracies.

**BRANCH USE ONLY**

ATTACH PROOF OF I.D. (Fill in to indicate which proof of ID you have attached)

COMPANY LETTERHEAD (if applicable)  DRIVERS LICENCE  BANK/ CREDIT CARD/ UTILITY BILL

**SIGNATURE OF FINANCE MANAGER:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PAYMENT TERMS:** \_\_\_\_\_ **BRANCH** \_\_\_\_\_ **ACCOUNT NUMBER:** \_\_\_\_\_ **CREDIT LIMIT APPROVAL:** \_\_\_\_\_