

If you are unsure of the contents of this document, we suggest you seek independent Legal Advice

Please enclose a sample of your Company Letterhead
This form should be completed in BLOCK CAPITALS using a BALL POINT PEN

Customer Name
Trading as

Nb: Date of birth **MUST** be entered where applicable

Address
 Post Code
Date of Birth Tel No. -
Fax - Mobile -
Is Property Owned Rented Leased
Accounts Contact
E-Mail

Invoice Address (If Different)
Address
 Post Code
Date of Birth Tel No. -
Fax - Mobile -
Purchasing Contact
E-Mail

A: Business Details

How long has your business been established? Years
How long at present address? Years

Company Status
Ltd Plc Sole Trader Partnership
Limited Liability Partnership
Company Registration Number
Bank name
Sort Code Acc No.
Trade References: (Not associated companies of applicant)
Trade Ref 1
Tel No. - Fax -
Trade Ref 2
Tel No. - Fax -
Do you or have you ever had an account with TES? Yes No
If yes with which branch?
Company Approximate Annual Electrical Spend
 £0 - £25,000 £25,000 - £75,000
 £75,000 - £150,000 £150,000 +

B: Principal Details

**Sole Traders & Partnerships Must Provide Full Name & Residential Address
If you have not been in residence at your current address for more than 3 years, please
provide previous addresses.**

Name
Address
 Post Code
Date of Birth Tel No. -
Is Property Owned Rented Leased Mobile No. -
Name
Address
 Post Code
Date of Birth Tel No. -
Is Property Owned Rented Leased Mobile No. -

CONTINUING GUARANTEE

NB. If the customer is a limited liability company or partnership established less than three years, the continuing guarantee below **MUST** be signed by a director or secretary (in the case of a limited liability company) or equal partner (in the case of a limited liability partnership). It may also be required to be completed in other cases.

TO THAMES ELECTRICAL SUPPLIES LTD.
In consideration of your agreeing to grant credit facilities to the Company or limited liability partnership described above ("the Company") I hereby unconditionally guarantee the due and punctual performance and observance by the company of its obligations herein and under your Condition of Sale overleaf, and agree to indemnify and keep you indemnified against any breach or non-observance thereof by the Company.

Print Name
Position
Date of Birth
Signed / Dated **2**

DECLARATION

I/We request credit facilities with your company. If given I/We agree to settle your account in accordance with your Conditions of Sale, a copy of which is printed on the reverse of this Account Application. I note these include a retention of title clause. I/We agree to your credit terms and that payment is due on the 28th of the month following date of invoice ("the due date") or to any alternative terms agreed. I certify that I have checked the particulars on this form, and to the best of my knowledge and belief, they are correct. I also give permission to TES to conduct a commercial/consumer credit search & future searches in line with the Data Protection Act (1998).

Print Name
Position
Signed / Dated **2**

Nb: All information given, shall be treated with the strictest of confidence and will not be disclosed to any third parties.

For Internal Use Only

Branch Name
Salesperson Name Rep Code
Date Premises Visited **2**
Credit Limit Required
BM Signature / Dated **2**

Accounts Verification
Account Number
Debtor Days
Credit Limit Approved
BM Signature / Dated **2**