

# Credit Account Form

To open an account, please complete this form and fax it back to 01279 653535 with a copy of your company letterhead. Subject to a satisfactory credit check, your account can be opened within a few minutes.

CREDIT ACCOUNT FORM - 14

1 Company.....  
Invoice address.....  
.....  
.....  
Postcode.....  
Tel number.....  
Fax number.....

2 Delivery address (if different from above)  
.....  
.....  
Postcode.....

3 Trading style (circle as appropriate)  
Sole trader / Partnership / limited Company / PLC

4 Company registration number

5 Year of commencement of business

6 If your company is part of a group of companies,  
state the parent company's name and address  
.....  
.....  
Postcode.....

7 Name and address of your company bank  
.....  
.....  
Postcode.....

8 This section to be filled by (non limited) sole  
traders and partnerships:  
a) Partner / sole trader home address  
.....  
.....  
Postcode.....  
b) Name of partner  
Home address.....  
.....  
Postcode.....

9 Nature of your business (please tick)  
 Installer  Computer sales  
 End user  Distributor  
 Cable assemblies  Electrical wholesaler  
 Equipment manufacturer  
 Other (please specify).....  
.....

10 Contact names (full names please)  
Accounts: Mr/Mrs/Miss.....  
Email.....  
Purchasing: Mr/Mrs/Miss.....  
Email.....

11 If there is anyone else in your company who  
would benefit from receiving a copy of our  
brochure and new product updates, please list  
their full names below:  
Name.....  
Position.....  
Email.....  
Name.....  
Position.....  
Email.....

12 If your company does not wish to receive details  
of new products or promotions by fax or email,  
please tick this box:

Title to all goods supplied shall remain with Minitran  
until full payment has been received.  
Payment is due by 30th day one month following  
invoice date.  
Authorised signature.....  
Position.....  
Name (block capitals).....