



# FOX ELECTRICAL SUPPLIES LTD

## CREDIT APPLICATION FORM

Unit 2 Wavell Drive, Lincoln LN3 4PL

Tel 01522 842842

Please post or email form to [accounts@foxlec.co.uk](mailto:accounts@foxlec.co.uk)

Full Company Name

Type of Business

Limited Company

Sole Trader

Partnership

PLC

Trading/Invoice Address:

Delivery Address:

Director/Owner

Tel:

Mobile:

Email:

Period Company Established: Up to 6 months  6-12 months  1-3 years  over 3 years

Type of Business:

Annual Electrical Spend:

Company Registration No:

VAT Registration No:

Additional Contact Name

Mobile

Additional contact email

Accounts Contact Name:

Accounts Email\*\*

Accounts Tel:

Invoices and Statements will be emailed to the address in the accounts section\*\* (AOL accounts can cause issues)

Monthly Credit Required:

£

Appointed Fox Branch

**Acceptance of Terms:** We hereby acknowledge your standard terms and conditions of sale (available on request or visit [www.foxlec.co.uk](http://www.foxlec.co.uk)) and agree to be bound by them. We are aware that your normal payment terms are **30 days from the end of the month of invoice**, and that any goods supplied remain the property of **Fox Electrical Supplies Ltd** until all goods supplied have been paid for.

Signature:

Date:

Print Name:

Job Title:

For Office Use only:

Credit Check/Limit:

Customer Code/ Web Logon:

Authorised/Date: