



Priority Credit Application Form

Name of Business	
Invoice address:	Telephone Number: Fax Number:
E-mail Address:	Web Address:
Contact Names:	
Type of Business: Ltd <input type="checkbox"/> PLC <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
Company Registration Number:	
Accounts Contact: Telephone Number: Email Address:	General Buyer: Telephone Number: Email Address:
Trade Reference 1	Trade Reference 2
Comments:	

DECLARATION

I would like to arrange trade credit facilities as detailed above, on behalf of my business I accept the conditions.

Name Signature.....

Job Title Date.....

We request payment for outstanding invoices 30 days nett monthly. Payments can be made by cash, cheque or credit transit. All goods remain the property of Specialist Switchgear Systems Limited until full payment has been received and cleared.

OFFICE USE: Account Number..... Credit Limit..... Date.....
 Authorised by..... Account Opened by.....

Specialist Switchgear Systems Limited

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Leeds Office: Unit 2, Royds Park, Leeds, West Yorkshire LS12 4TU **T:** +44 (0) 113 231 9911

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