



Priority Credit Application Form

Name of Business				
Invoice address:		Telephone Number:		
		Fax Number:		
E-mail Address:		Web Address:		
Contact Names:				
Type of Business: Ltd	PLC	Sole Trader	Partnership	Other
Company Registration Number:		Credit Limit Required:		
Accounts Contact:		General Buyer:		
Telephone Number:		Telephone Number:		
Email Address:		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.....
 Credit Safe Limit.....

Specialist Switchgear Systems Limited

Head Office: 73-75 Bridge Street, Bury, Greater Manchester BL96HH

T:+44(0)1617641297

Leeds Office: Unit 2, Royds Park, Leeds, West Yorkshire LS12 4TU

T:+44(0)1132319911