



L H EVANS

Wholesale Electrical Distributors

ANEW

ASSOCIATED NATIONAL
ELECTRICAL WHOLESALERS

Issued by:

Please ensure that the name of the L H Evans employee who issued this form is filled in above.

CREDIT ACCOUNT APPLICATION

FULL TRADING NAME:

ADDRESS:

.....

..... POSTCODE:.....

CO. REGISTRATION NO:

BUYING CONTACT: E-MAIL:

TELEPHONE NO: FAX NO:

NAMES OF PROPRIETORS/PARTNERS IF NOT A LIMITED COMPANY:

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HOME ADDRESS OF PROPRIETORS/PARTNERS:

.....

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NAMES OF PROPRIETORS/PARTNERS IF NOT A LIMITED COMPANY:

.....

HOME ADDRESS OF PROPRIETORS/PARTNERS:

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.....

NATURE OF BUSINESS: PROJECTED MONTHLY SPEND:



CONTACT DETAILS FOR INVOICES AND MONTHLY STATEMENTS

ADDRESS:

CONTACT NAME: TELEPHONE NUMBER:

E MAIL ADDRESS:

Invoices, credit notes and monthly statements are sent via email, therefore please ensure you provide a valid email address.

We normally send one invoice per delivery but this can be varied if you require.

Please indicate which of the following you would prefer (**please tick one only**):

1 invoice per delivery 1 invoice per order

1 invoice per week 1 invoice per month

TRADE REFERENCES

1. 2.

TEL NO: TEL NO:

SIGNED: _____

STATUS: _____

DATE: _____

In making the application, the partners/directors/owners consent to credit status checks being carried out by L H Evans and/or their agents as part of that application, and that searches against the individual directors and partners will be carried out for that purpose. Details of these searches may be recorded and shared for credit purposes.

PLEASE ATTACH A SAMPLE OF YOUR LETTERHEAD