

GENERAL CUSTOMER INFORMATION
NAME AND BUSINESS ADDRESS
ARE YOU A LIMITED COMPANY? (Enter YES or NO)

REGISTERED OFFICE ADDRESS (*Limited Companies*)
or PRIVATE ADDRESS (*Sole Traders/Non-Limited Entities*)

POST CODE
PHONE No.
MOBILE No.
E-MAIL ADDRESS
COMPANY REGISTRATION No. (*Limited Companies*)
or VAT REGISTRATION No. (*Sole Traders/Non-Limited Entities*)

HOW LONG ESTABLISHED?
NATURE OF BUSINESS
NUMBER OF EMPLOYEES
TYPE OF PREMISES (*Home/Shop/Warehouse/Site Office etc.*)

IF PRIVATE ADDRESS, PROVIDE THE FOLLOWING DETAILS
OWNER OF PREMISES
 OWNER OCCUPIED
 RENTED
IF YOU ARE PART OF A GROUP OF COMPANIES, A SUBSIDIARY OR ASSOCIATED WITH ANY OTHER COMPANY, PLEASE PROVIDE DETAILS
IF YOU ALREADY HAVE, OR HAVE PREVIOUSLY HELD, A TRADING ACCOUNT WITH ANY OTHER BRANCH OF ELECTRIC CENTER, PLEASE PROVIDE DETAILS
HOW MUCH CREDIT DO YOU REQUIRE?
£ **PER MONTH**
DO YOU REQUIRE A MONTHLY STATEMENT?

(Enter YES or NO)

ADDRESS FROM WHICH THE ACCOUNT WILL BE PAID
(If different from the General Customer Information section above)
ADDRESS TO WHICH INVOICES SHOULD BE SENT
(If different from the General Customer Information section above)
POST CODE
PHONE No.
MOBILE No.
E-MAIL ADDRESS
(To which statements will be sent)
NAME OF CONTACT
POST CODE
PHONE No.
MOBILE No.
E-MAIL ADDRESS
(To which Invoices will be sent)
NAME OF CONTACT
PLEASE PROVIDE NAMES AND ADDRESSES OF TWO TRADE REFERENCES
NAME
ADDRESS
NAME
ADDRESS
POST CODE
POST CODE

