



Group B Wholesale Limited
 436 – 438 Uxbridge Road
 London W12 0NS
WWW.GROUPB.CO.UK

Tel: 020 8749 3616
 Fax: 020 8740 7330
 E-Mail: sales@groupb.co.uk

APPLICATION FOR COMMERCIAL CREDIT

COMPANY/APPLICANTS FULL NAME _____

PRINCIPAL NATURE OF BUSINESS _____

TRADING ADDRESS _____

_____ E-MAIL _____

TEL NO. _____ MOBILE NO. _____

LTD. CO REG NO: _____ VAT NO. _____

TYPE OF BUSINESS LTD CO. SOLE TRADER PARTNERSHIP

HOW LONG TRADING _____ ANNUAL SALES £ _____

NAME OF BUYER: _____ TEL: _____

NAME OF PERSON RESPONSIBLE FOR ACCOUNT PAYMENTS: _____

TEL: _____ EMAIL: _____

TOTAL CREDIT LIMIT REQUESTED: £ _____

AUTHORISED SIGNATORIES FOR COLLECTION OF GOODS	
NAME	SIGNATURE
1.	
2.	

SHOULD GOODS ONLY BE RELEASED AGAINST AN OFFICIAL ORDER? **YES/NO**

HOW DID YOU FIND GROUP B?
 Referral (by whom) _____ Online Other _____

WHAT IS YOUR BIGGEST CHALLENGE WITH ELECTRICAL WHOLESALERS?

WOULD YOU LIKE TO BE INFORMED OF OUR SALES AND INDUSTRY NEWS?
 Yes No

PLEASE ATTACH A SHEET OF YOUR LETTERHEADED PAPER, COMPLIMENT SLIP OR BUSINESS CARD. THANK YOU.

TO BE COMPLETED BY A **DIRECTOR OR PROPRIETOR ONLY:**
 I agree to abide by the Terms and Conditions of sale should a credit account be granted:

Signed: _____ Date: _____

Full Name: _____ Position: _____



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TWO TRADE REFERENCES

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TEL NO. _____

TEL NO. _____

EMAIL: _____

EMAIL: _____

DATA PROTECTION ACT 1998

"We may make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency"

OFFICE USE ONLY:

BRANCH:

Issuing Branch: SB/FB Branch Contact: _____ Date Submitted: _____

History of knowledge: _____

_____ AWebb Member? _____

ADMIN:

Credit Score: _____ Suggested Limit: _____ Attach CPA report.

References Notes: _____

Accepted/Declined By: _____ Credit Granted: _____ Date: _____

Notes: _____

Notified Applicant Letter Date: _____ (by email)

Account No. _____ Recall: _____ Date: _____

Checklist notified: BM's/PH/DJB

Processed by: _____ Date: _____

Date passed to Marketing: _____ Marketing signature: _____