



Account No:-

Credit Limit:-

T. 01273 541 572 F. 01273 555 420 sales@abs-electrical.co.uk

TRADING AS ADDRESS 1 3 4 FUEL NO. FAX NO. IF LIMITED CO. REG. NO. IF LIMI	CREDIT ACCOUNT APPLICATION FO	ORM www.abs-electrical.co.u
ADDRESS 1 2 3 4 TEL NO. FAX NO. IF LIMITED CO. REG. NO. PLEASE ATTACH A SPECIMEN LETTERHEAD OF APPLICANT'S BUSINESS COMPANY INFORMATION TYPE OF BUSINESS ADDRESS DATE ESTABLISHED" POSTCODE HOW LONG AT THE ABOVE ADDRESS ADDRESS ULTIMATE HOLDING COMPANY POST CODE UF SOLE TRADER/PARTNERSHIP MUST PROVIDE RESIDENT ADDRESSES TRADE REFERENCES BANKERS (Name, Address, Branch) 1 certify that I have checked the particulars on this form, completed in my presence, and to the best of my knowledge and belief, they are correct. I also note the coorditions of sale a copy of which is printed on the reverse side of this application form. Signed	FULL NAME OF COMPANY	
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TOURSHIP INC. TO	FOR BRANCH USE ONLY	Signature (Branch Manager) Signature (Accounts)

Date

Date