

P.R.Electrical & Alarm Wholesalers

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B30 3HB

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Sales Account Application Form

Company Name/Trading Title: _____
Address: _____

Tel.No.s: _____ Fax No. _____
Email: _____
Website: _____

Type of Business: Ltd / PLC/ Sole Trader/ Partnership
Nature of Business: _____
Company Registration No: _____ Date of Incorporation: _____
VAT No: _____

Names of Directors/Proprietors _____
Purchase Contact: _____ Accounts Contact: _____

Credit Limit Required £: _____

Bank Name/Address: _____

Account No: _____ Sort Code: _____

Trade Reference 1:
Name: _____
Address: _____

Tel. No: _____ Fax No. _____

Trade Reference 2:
Name: _____ Address _____
:

Tel. No: _____ Fax No. _____

I agree to adhere to the terms and conditions of sale and agree to adhere to the terms of payment (Payment by end of month following invoice date):

Signature (Director/Partner): _____ Print Name: _____
Date: _____