

APPLICATION FOR CREDIT FACILITIES

	Company Name and Address			
1.	Full Company Trading Name Company address			
			Postcode	
2.	Trade contact Telephone & Fax Number E-mail address			
3.	Accounts contact E-mail address where invoices are to be sent: Please indicate if you require Invoices sent by post Invoicing address:	Postcode		
4.	If limited company Registered Office Address (If same as company address, Please state "As 1")	Postcode		
5.	If not a limited company Name and Address of Proprietor(s) (If insufficient space, please attach list)	Postcode		
6.	Company Reg. No.	VAT No.	1 00:0000	
<u> </u>	Trading Information			
7.	Nature of Business	No. of Employees	How long Established	
8.	Is your Company a member of a larger group	☐Yes ☐No If Yes please state group		
*	Credit Facility Please note that we operate 30 days from date of invoice payment term, s	, see attached terms and conditions for details		
9.	Name and address of Banker and your Account Details	A/c No. Sort Code:		
10.	Please indicate monthly amount of credit required	☐£2,000 ☐£5,000 ☐£10,000 ☐Other amount specify £		
11.	Have you any outstanding county court judgements against you? If Yes, please state the creditor(s) name and the amount(s).	□Yes □No £ £		
	Trade References			
	ease give name and address of two Trade References to whom application may be made (2)			
	Postcode Tel: Fax:	Postcode Tel: Fax:		
I/ We	understand that should credit facilities be allowed to me/us that your	terms of business require	e settlement of Accounts thirty days	
following date of invoice.				
□ I Ł	nave read your Terms & Conditions of trading (enclosed) and agree to	be bound by them. (Ple	ase tick)	
Signature		IMPORTANT Please attach a sample of your current letter heading	Please supply birthday of	
Print Name				
			/(Optional)	

If applicant is a Limited Company this form must be signed by a Director or the Secretary, if a partnership, by one or more Partners. Stating the firm's name.



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