

APPLICATION FOR CREDIT FACILITIES

1 FULL COMPANY NAME: (if subsidiary/part of group of companies – please state)

2 CONTACTS: PURCHASING Name: Tel:
Job Title:
Email address:

CONTACTS: ACCOUNTS Name: Tel:
Email address: Can you accept invoices via email

3 TRADING STYLE: Sole trader Partnership Limited Company

4 ADDRESS: Street and number:
Town: County: Post Code:
Telephone number: Fax number:
Email:
*By giving us your email address you agree that we may send you information by email. Your details are held in strict confidence and will not be passed on.

5 ADDRESSES: Residential if sole trader/partnership OR Registered office if Limited Company

1 Name Street and number Town
2 Name Street and number Town

6 LIMITED COMPANIES: Turnover Number of employees
Registration number VAT Registration number
Directors name Directors name
Directors name Directors name

7 NATURE OF BUSINESS:

8 DATE YOUR BUSINESS STARTED: DD / MM / YEAR

9 CREDIT REQUIRED: (maximum monthly amount) £

10 REFERENCE: Names and addresses of Trade reference: (Note: RS, CPC & Maplin do not give references)
(a)
..... Tel:

We will 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.

CONDITIONS OF GRANTING CREDIT ACCEPTED BY THE APPLICANT

All invoices are 30 days from invoice date including VAT charged at the appropriate rates. Credit is granted in accordance with any restrictions placed upon this account. Credit may be stopped if the account exceeds the agreed credit limit, or falls into arrears and further action may be taken at the discretion of DAU Components Limited. I/We understand that DAU Components Limited may contact the references provided for further information and that the account may not be opened until satisfactory references are received. I/We understand that DAU Components Limited will exercise their statutory right to claim interest and compensation for debt recovery under the late payment legislation if they are not paid according to agreed credit terms.

WE ARE AWARE THAT TITLE OF GOODS ONLY PASSES UPON FULL PAYMENT

On behalf of the Applicant, I/We understand and accept the conditions printed above and DAU's Conditions of Sale, and state that I am duly authorised by the above Company to sign this application and give the following warranty:
In consideration of the granting credit facilities I/We agree to make settlements of accounts not later than 30 days from invoice date.

DIRECTOR'S SIGNATURE: Name: Position:

To avoid any delay please complete ALL relevant sections. Thank you. Date: : DD / MM / YEAR