



Credit Application

Please complete all sections in BLOCK CAPITALS and return to WEC Group Limited with a copy of your letter heading

Company Details				
Customer Name		Company Reg. No		
Trading Name (if different)				
Address				
Tel No.		Fax No		
Registered Office (if different from above)				
		VAT No		
Tel No.		Fax		
Type of Company (circle as appropriate)				
Public Limited Company Limited	d Company	Partnership	Sole Trader	
Parent Company Name				
Name & Address of Directors / Partners / Sole Traders				
I)				
		Post Code	Post Code	
2)				
		Post Code		
3)				
		Post Code		
Number of years trading		Credit limit required (£ per month)		
Approx annual turnover		Total No. of staff		
Number of outlets (please supply details under separate cover)				
Do you require to give official order numbers? Yes / No		Confirmed in writing?	Yes / No	
Contact name & telephone no. of person in charge of accounts payable				
Bank Details				
Banker		Branch		
Sort Code		Account No		
Account Name		Bank Tel No		
Trade References				
Name		Name		
Address		Address		
Post Code		Post Code		
Tel No		Tel No		
Contact		Contact		
I/We have read your conditions of sale as set out and agree that they supercede any terms/conditions confirmed in our purchase order.				
Signed (Authorised signatory)		Signed (Authorised signatory)		
Print Name & Title				
Date		Date		
Account Approval	Credit Limit	Account Number		

Thank you for completing this form - we will process it as quickly as we can, and look forward to your valued orders in the near future