



Credit Account Application Form

MGC LAMPS LTD

1 Sovereign Centre, Farthing Road, Ipswich, Suffolk IP1 5AP UK

Tel: +44 (0)1473 466312 Fax: +44 (0)1473 240081

Credit Required:

Currency

Status: Sole Trader Partnership Ltd Company Company Registration No: _____

Are you liable for VAT: (if no, a copy of your Exemption Certificate is required) Yes No

VAT Reg No: _____ Year Company Formed: _____ No of Employees: _____

Company Name: _____ Website Address: _____

Invoice Address _____ Delivery Address _____

Post Code: _____ Post Code: _____

E-mail: _____ E-mail: _____

Tel No: _____ Tel No: _____

Fax No: _____ Fax No: _____

Statement Address _____ Registered Office _____

Post Code: _____ Post Code: _____

Tel No: _____ Tel No: _____

Fax No: _____ Fax No: _____

Bank Details _____

Bankers: _____

Address: _____

Post Code: _____ Sort Code: _____

Account No: _____

For Sole Traders/Partnerships, the following details are required: (If there are more than 2 partners please list)

(1) Name & Home Address (2) Name & Home Address

Postcode: _____ Date of Birth: _____

Postcode: _____ Date of Birth: _____

Trade References (1) Company Name: _____ (2) Company Name: _____

Tel No: _____ Tel No: _____

Fax No: _____ Fax No: _____

E-mail: _____ E-mail: _____

I HAVE READ & ACCEPTED THE TERMS & CONDITIONS OF MGC LIGHTING,

Signed: _____ Date: _____

On behalf of: (Company) _____ Print Name & Position: _____

PLEASE ALSO SEND A COPY OF YOUR COMPANY LETTER HEADING

For Office Use Only

Credit Limit: _____ VAT Status: 20% Zero

_____ Sales Person: _____

_____ Date: _____

_____ Signed: _____