

Credit Required:

Currency

# M.G.C. LAMPS LTD

## Credit Account Application

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

Tel: 01473 466300 Fax: 01473 240081



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/Organisation Name: \_\_\_\_\_ Website Address: \_\_\_\_\_

Delivery Address \_\_\_\_\_ Invoice 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 \_\_\_\_\_ 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 \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

**I HAVE READ AND ACCEPTED THE TERMS & CONDITIONS OF MGC LAMPS LTD,**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of: (Company) \_\_\_\_\_ Print Name & Position: \_\_\_\_\_

**For Office Use Only**

R M \_\_\_\_\_ VAT Status  15.00%  Zero

C S \_\_\_\_\_ Sales Person: \_\_\_\_\_

Other \_\_\_\_\_ Date: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Signed \_\_\_\_\_