



Credit Application Form

Customer details

Name of business _____

Legal status *(tick)* Sole trader Partnership Limited co. Company no. _____

Invoicing address _____ Postcode _____

Tel _____ Fax _____ E-mail _____

Delivery address *(if different)* _____

Tel _____ Fax _____ E-mail _____

Nature of business _____ For how long? _____

Credit limit requested *(sufficient for 2 months purchases incl. VAT)* £ _____

Purchasing contact name _____ Position _____

Tel _____ Fax _____ E-mail _____

Trade references

I/We authorise you to take up references at any time from the following trade suppliers:

1. Name _____
Address _____
Postcode _____ Tel _____ Fax _____
2. Name _____
Address _____
Postcode _____ Tel _____ Fax _____
3. Name _____
Address _____
Postcode _____ Tel _____ Fax _____

Agreement of BeA's Terms and Conditions of Sale

I/We agree to fully comply with BeA's Terms & Conditions of Sale *(copy on our website)*

1. Name _____ Position _____ Signature _____
Home Address _____ Postcode _____
2. Name _____ Position _____ Signature _____
Home Address _____ Postcode _____

When completed, please fax this form, plus a copy of your letterhead, to us on 01482 889949

INTERNAL USE - Account creation information to be completed by BeA Sales Representative or Customer Care Centre

Line of business code Area Engineer no.

Terms of payment _____ Terms of delivery _____ Quotation no. _____

Other information _____

Signed (BeA personnel) _____ Name _____ Date _____

Privacy Statement: BeA is totally committed to complying with the 1998 Data Protection Act principles that protects facts and opinions about the individual. Data relating to personal information will be held in confidence and processed for the purpose of carrying out the business and associated activities such as insurance and risk assessment. BeA may consult with and disclose the data to third parties such as insurers, credit insurers, credit reference agencies and other selected parties.