

CUSTOMER ACCOUNT APPLICATION FORM

COMPANY DETAILS:

Account Number:

To be completed by Lustre Accounts

Company Name:

Trading Address:

Post Code :

Telephone No :

Email Address :

Website:

Accounts Department:

Main Contact:

Telephone No :

Email Address :

Type of Business:

Sole trade:

☐

Partnership:

☐

Limited Co:

☐

Name(s) of Directors/Partners/Proprietors of Business:

1.

2.

3.

Registered Office Address: (If different from above) Address:

Post Code :

Telephone No :

Email Address :

Company Registration No: (If Limited co)

Company VAT No :

Date of Incorporation :

BANK DETAILS

Bank Name:

Address :

Account Name :

Address :

Account No :

Sort Code :

Please complete the following section if wish to apply for a credit account.

Unless confirmed & agreed, all accounts are on a pro forma basis.

Amount of Credit required: £ _____

PAYMENT :

Please make all payments directly to our bank account, as detailed below and email copy of your remittance advice to accounts@lustreelectrical.co.uk

Bank Name : LLOYDS BANK PLC

Account Name : LUSTRE ELECTRICAL LTD

Sort Code : 30-99-50

Account No : 31191460

TRADING REFERENCES

Please give 2 trade references who will vouch for your trading record

Name of Contact :	Contact Number :
Company Name :	
Address :	
Post Code :	Email Address :
Years known :	Credit Limit : £

Name of Contact :	Contact Number :
Company Name :	
Address :	
Post Code :	Email Address :
Years known :	Credit Limit : £

Declaration:

I/ We declare that the above questions have been answered truthfully and hereby confirm that I/ we agree to abide by the company's terms & conditions of sale
By signing this form, I/ we consent to Lustre Electrical Ltd seeking references from our bankers and our trade references listed above.

Name :	Position :
Signature	Date :

Once completed please return by email to: accounts@lustreelectrical.co.uk