



POWER ACTION

Account Application

To:
Date:
Company name in full:

Please fax to Accounts department
(028) 92638121 or (028) 92628630

Correspondence Details

Invoice address:		
Post code:	Tel (accounts):	Fax (accounts):
Delivery address:		
Post code:	Tel:	Fax:

Company Details

Accounts Contact:	Direct Tel:	
Sales Contact:	Direct Tel:	
Company Reg. No.:	Year of formation:	
Bank name:	Sort code:	Account no:
Address:		
VAT NO:		
Post code:	Tel:	Fax:

If not a limited company (Name and address of proprietor(s))

Name:	Post code:
Address:	
Name:	Post code:
Address:	
Name:	Post code:
Address:	

Trade References (Electronic component suppliers if possible)

Company name:		
Address:		
Post code:	Tel:	Fax:
Company name:		
Address:		
Post code:	Tel:	Fax:

Please read the following and sign only in acceptance of our terms and conditions as listed below.
Invoices must be paid strictly 30 days from date of invoice. Any goods received damaged must be notified in writing within 7 days of receipt. If applicant is a Limited company this form should be signed by a Director or Secretary, if not Limited by the Partner/s or Proprietor.

IMPORTANT

Signature:	Name:	Please attach a sample of your Current Letterhead
Position:	Date:	