

ACCOUNT APPLICATION FORM



CUSTOMER DETAILS *Compulsory information

TRADE NAME:	*
ADDRESS:	*
POSTCODE:	*
EMAIL:	*
TELEPHONE:	*
FAX:	*

COMPANY STATUS (tick box)

LIMITED *

SOLE TRADER *

PARTNERSHIP *

IF LIMITED PLEASE COMPLETE AND ATTACH A COPY OF YOUR OFFICIAL LETTERHEAD. REGISTERED OFFICE DETAILS.

TRADE NAME:	*
ADDRESS:	*
POSTCODE:	*
TELEPHONE:	*
CO. REG NO.	*

FAX: *

IF SOLE TRADER/PARTNERSHIP PLEASE COMPLETE. ADD PARTNER DETAILS IF APPLICABLE.

NAME:	*	NAME:	*
ADDRESS:	*	ADDRESS:	*
POSTCODE:	*	POSTCODE:	*
TELEPHONE:	*	TELEPHONE:	*
FAX:	*	FAX:	*
D.O.B:	*	D.O.B:	*

PARTNER DETAILS

TRADE REFERENCES

NAME:	*	NAME:	*
ADDRESS:	*	ADDRESS:	*
POSTCODE:	*	POSTCODE:	*
TELEPHONE:	*	TELEPHONE:	*

Would you require our staff to request an order number? **Y / N**

How many ramps do you operate from? Do you currently do MOT's? **Y / N**

What piece of garage equipment are you next looking to purchase?

Would you like to receive information on our range of garage equipment and training? If yes – By post By e-mail

DATA PROTECTION

Your signature on this form gives your consent that we may :

1. carry out a credit check with a credit reference agency before accepting this application for an account.
2. make further credit checks during the operation of your account if required.
3. disclose such information to all other persons as may be required to administer your account, and to licensed credit reference for the purposes of assisting with credit facility decisions.
4. to carry out credit checks on Limited companies, and also carry out personal credit checks on the Directors if required.

I have been left a copy of the Terms & Conditions of Sale and understand that any credit facilities granted may be withdrawn if these conditions are not complied with

Signature:	Position held:
Print Name:	Date:

*Compulsory information

ACCOUNT APPLICATION FORM



ANDREW PAGE - REPRESENTATIVES USE ONLY

SALES REP: *		
DEPOT: *		
ACC. TYPE:	CREDIT: *	CASH: *

PLEASE CIRCLE REQUIRED ACCOUNT TYPE

IF CASH WEEKLY:	*Please give day of collection	
	CREDIT LIMIT REQ'D: *	CREDIT PERIOD: *

Do they want invoice with adive note? **Y / N**

ACCOUNTS OFFICE USE ONLY

Account No: *	Delivery Point: *
Alpha Sort: *	Date Created: *
Credit Check Findings:	

Representative's Signature:	Date:
Depot Manager Signature:	Date:
A/C's Manager Signature:	Date:

*Compulsory information