

Application For Credit...

COMPANY FULL NAME _____	TRADING STYLES (IF APPLICABLE) _____
TRADING ADDRESS _____	POSTCODE _____
TELEPHONE NO. _____	FAX NO. _____

ACCOUNTS CONTACT _____	
ACCOUNTS TEL NO. _____	FAX NO. _____
EMAIL _____	

FLEET ENGINEER _____
SERVICE / GARAGE TEL NO. _____

TYPE OF BUSINESS (PLEASE TICK)	<input type="checkbox"/> LTD CO.	<input type="checkbox"/> SOLE TRADER	<input type="checkbox"/> PARTNERSHIP
IF LTD CO. REG OFFICE ADDRESS _____	POSTCODE _____		
VAT NO. _____			
COMPANY REGISTRATION NO. _____			
YEAR OF INCORPORATION _____	ANNUAL SALES £ _____		
PRINCIPLE NATURE OF BUSINESS _____			

IF SOLE TRADER/PARTNERSHIP PLEASE PROVIDE FULL NAMES, HOME ADDRESSES & TELEPHONE NUMBER(S) OF ALL PARTNERS (PLEASE USE A SEPARATE SHEET IF NECESSARY)	
1. _____	TELEPHONE NO. _____
2. _____	TELEPHONE NO. _____
3. _____	TELEPHONE NO. _____

BANK NAME & ADDRESS _____	POSTCODE _____														
BANK ACCOUNT NUMBER <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									BRANCH SORT CODE <table border="1"><tr><td> </td><td> </td></tr></table> <table border="1"><tr><td> </td><td> </td></tr></table> <table border="1"><tr><td> </td><td> </td></tr></table>						
AMOUNT OF CREDIT REQUIRED £ _____	PER _____														

PLEASE ADVISE HOW YOU HEARD ABOUT OUR COMPANY _____

I/WE AGREE THE CREDIT ACCOUNT FACILITY WILL BE 30 DAYS FROM DATE OF INVOICE AND THAT ADHERENCE TO THIS OBLIGATION IS THE ESSENCE OF THE CONTRACT BETWEEN US.
I/WE AUTHORISE OUR BANKERS TO PROVIDE A BANKERS' OPINION AS TO OUR SUITABILITY FOR THE ABOVE AMOUNT.

SIGNATURE _____	PRINT FULL NAME _____
POSITION _____	
FOR AND ON BEHALF OF: _____	DATE ____ / ____ / ____

DATA PROTECTION ACT 1998
"WE MAY MAKE A SEARCH WITH A CREDIT REFERENCE AGENCY, WHICH WILL KEEP A RECORD OF THAT SEARCH AND WILL SHARE INFORMATION WITH OTHER BUSINESSES. WE MAY ALSO MAKE ENQUIRIES ABOUT PRINCIPAL DIRECTORS WITH A CREDIT REFERENCE AGENCY"



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Website