

APPLICATION TO OPEN A CREDIT ACCOUNT

Company Trading Name: _____ Invoice/Statement Address: _____ _____ Post Code: _____ Accounts Contact: _____ Tel No: _____ Fax No: _____ Email: _____ Applicant Name: _____ Applicant Title: _____ Maximum Credit Per Month £ _____ Special Requirements: _____ (i.e. Order Number, Reference) _____ Name and Home Address of Proprietors: _____ (None Limited Companies only) _____ _____	Company Registered Name: _____ Registered Office Address: _____ _____ Post Code: _____ Registration No: _____ Bank Name and Address: _____ _____ Sort Code: _____ Account No: _____ Trade Reference 1 Name and Address: _____ _____ Tel No: _____ Email: _____ Trade Reference 1 Name and Address: _____ _____ Tel No: _____ Email: _____
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GENERAL CONTACT INFORMATION

Purchasing Contact: _____ Job Title: _____ Tel No: _____ Email: _____ Address: _____ (If different from above) _____ Post Code: _____ This information may be used to notify you with our latest products or services that may be of interest to you. You may send me an email: YES <input type="checkbox"/> NO <input type="checkbox"/>	Operational Contact: _____ Job Title: _____ Tel No: _____ Email: _____ Address: _____ (If different from above) _____ Post Code: _____ This information may be used to notify you with our latest products or services that may be of interest to you. You may send me an email: YES <input type="checkbox"/> NO <input type="checkbox"/>
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We hereby apply for a credit facility and agree to comply with the Terms & Conditions of Commercial Vehicle Rental Ltd as detailed overleaf and available on our website at www.allportsrental.co.uk.

We agree to Payment Terms of strictly 20 Days from the end of month of invoice.

Failure to comply with our terms will lead to the suspension of your account and action will be taken to recover any outstanding balances.

I accept the Terms and Conditions as laid down.	
Signature: _____	Position: _____

OFFICIAL USE ONLY

Rep Code: _____	Authorised: _____	Date: _____
Department Application for credit refers to: PARTS <input type="checkbox"/> SERVICE <input type="checkbox"/> BODY SHOP <input type="checkbox"/> SALES <input type="checkbox"/> RENTAL <input type="checkbox"/>		
Account Code: _____	Credit Limit Required per Month _____	
Enter onto Accounts <input type="checkbox"/>	Enter onto CRM <input type="checkbox"/>	

For further information regarding our Terms and Conditions please visit our website at www.allportsgroup.co.uk