

V Cars Ltd



Unit 1, Hargreaves Road, Groundwell Industrial Estate, Swindon. SN25 5AZ

Tel: (01793) 747890 Fax: (01793) 701881 Email: marion.spencer@v-cars.com

Application Form For Credit

Please Fax to 01793 701881

Company Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Invoicing Address: _____

Years Established: _____

Nature Of Business: _____

Contact Name: _____

Company Web Address: _____

Email Address: _____

How Did You Hear About Us: _____

Bank Details

Your Banker's Name: _____

Banks Address: _____

Your Account Name: _____

Your Account No.: _____ **Sort Code:** _____

Preferred Payment Method: BACS Credit Cheque

References

(Name, Address and Tel no. of principal suppliers)

1. _____

2. _____

Name of Managing Director/Managing Partner: _____

Name of person responsible or payment of account on time: _____

Declaration By Credit Applicant

We hereby request you to open a credit account.

Director/Partner's declaration:

I, being an authorised Officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms. I/We appreciate that adherence to this obligation is the essence of the contract between us.

Signed: _____

Name (please print): _____

Date: _____