

Credit Account Application Form

Wirral Satellite Cars



Company Details

Company Name:

Trading Name:

Address:

Postcode:

Telephone:

Fax:

Email:

Nature of Business: *(please tick)*

☐ Personal ☐ Sole Trader ☐ Partnership ☐ Trust

☐ Limited ☐ PLC ☐ Other

If other please specify:

Company No.:

VAT No.:

No. Years Trading:

Est. Monthly Spend (£):

Accounts & Invoicing

Contact Name:

Billing Address:

Postcode:

Telephone:

Fax:

Email:

Invoicing Terms: *(please tick)*

☐ Weekly

☐ Monthly

Preferred Invoicing Method: *(please tick)*

☐ Email

☐ Post

Preferred Payment Method: *(please tick)*

☐ Cash

☐ Credit/Debit Card

☐ BACS

☐ Direct Debit

Bank Account Details

Bank Name:

Address:

Postcode:

Telephone:

Fax:

Trade Reference #1

Company Name:

Address:

Postcode:

Telephone:

Fax:

Trade Reference #2

Company Name:

Address:

Postcode:

Telephone:

Fax:

Confirmation

I confirm that I wish to open a credit account and agree to the above information being used to assist in the opening of a credit account with Wirral Satellite Cars. I certify that the above information is true and correct, that I am authorised to make this application for credit and that, if credit facilities are approved, the account will be paid as per Wirral Satellite Cars normal payment terms.

Name:

Position:

Signature:

Date: