



Lantern House, 39/41 High Street,
Potters Bar, Herts. EN6 5AJ
Tel: 0870 60 90 333 Fax: 01707 640440

FOR OFFICE USE

Application received..... Account Name.....
 Credit References Sent..... Credit Limit

Credit Ref 1 Received..... On to System.....
 Credit Ref. 2 Received..... Customer Notified.....
 Date..... Remarks.....
 Account Approved by.....

APPLICATION FOR CREDIT ACCOUNT

Please ensure the following details are fully completed

Please attach a Company Letterhead

Company Name
 Trading Name (If Different)
 Trading Address

Please tick appropriate box

Sole Trader

Partnership

Private Company

Limited Company

Post Code
 Telephone No Fax Number

How many vehicles do you operate

1 - 10

11 - 50

51 +

Operational Contact
 Email Address

Services Required

Rentals

Roadside/Recovery

On-Site Servicing

Account Contact Name
 Phone/Fax

Transportation

Workshop Repairs

VAT Registration No
 Order No Required

Call Handling

European Assistance

Email Address for Invoices

Plant/Machinery

Nature of Business
 Max Credit Required £

Date Established
 Estimated Annual Turnover

How Many Employed

To be completed by Limited Companies
 Date of Incorporation Registered No.
 Address of Registered Office

To be completed by Sole Trader/Partnership
 Full Names of Proprietor/Senior Partner
 Private Address

Names and Addresses of two Trade References

1
 Post Code Phone or Fax No

2
 Post Code Phone or Fax No

Name and Address of Bankers

DECLARATION: In making this application for a credit account, and having read the attached terms and conditions governing this credit facility, I/we hereby agree to abide by each and every condition.

Signed Date Capacity



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