## **CREDIT ACCOUNT APPLICATION FORM**

PLEASE COMPLETE IN BLOCK CAPITALS

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Detach and retain the Terms and Conditions

Return completed form to:

Purfleet Commercials (Maidstone) Ltd, New Hythe Lane, Aylesford, ME20 7PW

Tel: 01622 711060

Fax: 01622 792462

E-mail: ar@

PCL Group
Serious about Service

YOUR BUSINESS DETA	YOUR BUSINESS DETAILS																
Company Name:															Company Registration Number:		
uilding Name/Number:																	
Street:														VAT Registration Number:			
Town:	Town:																
County:								Po	Postcode:						Trading Style: (please tick or state other	her)	
Accounts Payable Tel:									Accounts Payable Fax:						Ltd Company PLC		
Accounts Payable E-mail:															Partnership Sole Trader		
Invoice Address (if different from above ):															Other: (please tick and state below)		
Contact person who deals	ontact person who deals with invoice queries													Tel:			
					E-mail:												
How long have you been established?						Years	rs Months										
How many vehicles do you operate?							(	Of whic	h how ma	any are	MAN?		Other m	akes you operate?			
What is the nature of your business?																	
Type of account required	? (Please t	ick all tha	t apply )			Service		Parts	Br	reakdov	vn						
Letterhead & Proof of Ad	Letterhead & Proof of Address are enclosed ( <i>Please tick</i> )																
YOUR BANK DETAILS																	
Bank Name																	
Bank Address																	
Account Number:					Sort C	ode:		T	T	Т							
TRADE REFERENCES -	Please s	ian the D	Direct D	ebit fo			and pr	ovide	2 Trade	Refer	ences for	r nor	n-affiliated	companies			
Reference 1 - Company N													,,	Telephone No:			
	unic.													relephone No.			
	Building Name/Number:																
Street: E-mail addres														L-iliali audi ess.			
Town:  County: Postcode: Cre													Credit Limit	£			
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Street:	Building Name/Number:													E-mail address:			
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CREDIT REQUIREMENT AND CONDITIONS																	
Initial Credit Limit Require		£	7113							FC	R INTER	NAL	L USE ONL	Υ			
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Please tick the box to confirm that you agree to and understand that you account is subject to credit terms of <b>strictly 30 days from invoice date</b> .								r			Limit Approved:						
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Please tick the box to confirm that you agree to email <a href="mailto:ar@purcom.com">ar@purcom.com</a> immediately and <a href="mailto:no later than 14 days">no later than 14 days</a> from the invoice date with any disputes.													Printed Nar	ne - MD	Signature - MD		
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DECLARATION																	
DECLARATION																	
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															ay result in withdrawal of account faciliti it applicant in respect of any purchase f		
Purfleet Commercials (Maid														above nameu cred	applicant in respect of any purchase t	. 51	
Authorised Signatory:										Pri	nt Name						
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Date:										Pos	ition						