

CREDIT ACCOUNT APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

• Detach and retain the Terms and Conditions

• Return completed form to:

Purfleet Commercials Ltd, New Accounts, Parker House, Manor Road, West Thurrock, Essex, RM20 4EH

Tel: 01708 686 252

Fax: 01708 680 827

E-mail: pclcreditcontrol@purcom.com**PCL Group**
Serious about Service

YOUR BUSINESS DETAILS

Company Name:		Company Registration Number:	
Building Name/Number:			
Street:		VAT Registration Number:	
Town:			
County:	Postcode:	Trading Style: (please tick or state other)	
Accounts Payable Tel:	Accounts Payable Fax:	Ltd Company <input type="checkbox"/>	PLC <input type="checkbox"/>
Accounts Payable E-mail:		Partnership <input type="checkbox"/>	Sole Trader <input type="checkbox"/>
Invoice Address (if different from above):		Other: (please tick and state below) <input type="checkbox"/>	

Contact person who deals with invoice queries	Name:		Tel:	
	E-mail:			
How long have you been established?	Years		Months	
How many vehicles do you operate?		Of which how many are MAN?		Other makes you operate?
What is the nature of your business?				
Type of account required? (Please tick all that apply)	Service <input type="checkbox"/>	Parts <input type="checkbox"/>	Breakdown <input type="checkbox"/>	
Letterhead & Proof of Address are enclosed (Please tick)	<input type="checkbox"/>			

YOUR BANK DETAILS

Bank Name			
Bank Address			
Account Number:		Sort Code:	

TRADE REFERENCES - Please sign the Direct Debit form attached and provide 2 Trade References for non-affiliated companies

Reference 1 - Company Name:		Telephone No:	
Building Name/Number:			
Street:		E-mail address:	
Town:			
County:	Postcode:	Credit Limit	£
Reference 2 - Company Name:		Telephone No:	
Building Name/Number:			
Street:		E-mail address:	
Town:			
County:	Postcode:	Credit Limit	£

CREDIT REQUIREMENT AND CONDITIONS

Initial Credit Limit Required:	£
Please tick the box to confirm that you agree to and understand that your account is subject to credit terms of strictly 30 days from invoice date .	
<input type="checkbox"/>	
Please tick the box to confirm that you agree to email pclcreditcontrol@purcom.com immediately and no later than 14 days from the invoice date with any disputes.	
<input type="checkbox"/>	

FOR INTERNAL USE ONLY

Account No:		Credit Check?	<input type="checkbox"/>
Limit Approved:			
Authorised by:			
	Printed Name - MD	Signature - MD	
Authorised by:			
	Printed Name - FD	Signature - FD	

DECLARATION

We confirm that the above information is true and is given to enable Purfleet Commercials Ltd to extend credit to the applicant. We also authorise Purfleet Commercials Ltd to carry out any credit investigation it sees fit to substantiate any agreed credit terms. We apply for credit facilities and note that all goods and services supplied by Purfleet Commercials Ltd are subject to Purfleet Commercials Ltd's terms and conditions of sale, including **settlement terms of 30 days after date of invoice**. We understand that undue delay in payment may result in withdrawal of account facilities, either temporarily or permanently. **I have read and understood the Terms and Conditions of Sale as attached and agree to the same on behalf of the above named credit applicant in respect of any purchase from Purfleet Commercials Ltd. I am also authorised, on behalf of the above company, to sign this form as an authorised signatory.**

Authorised Signatory:		Print Name	
Date:		Position	