

Credit Account: Application Form



HEAD OFFICE:

Unit 19a Queensway Industrial Park,
Longbridge Hayes Road,
Stoke on Trent. ST6 4DS
Tel: 01782 811376
Fax: 01782 830087

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

County:

Post Code:

Date business commenced:

Sole proprietorship:

Partnership:

Limited:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

County:

Post Code:

How long at current address?

Telephone:

Fax:

E-mail:

How many vehicles do you operate:

What coverage do you require (delete as appropriate)
Regional National European

What type of vehicles do you operate:

Bank name:

Bank address:

Phone:

City:

County:

Post Code:

Type of account

Account number

Sort Code

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

County:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

County:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 28 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise The Mansfield Group, to make enquiries into the banking and business/trade references that you have supplied.
4. Please Attach a Company Letter Head.

SIGNATURES

Title:

Date:

Title:

Date:

For Office Use Only:

Letter head received:

Reference checks sent date:

Reference check 1 date received:

Reference check 2 date received:

Credit Approved by:

Credit amount awarded:

Account number assigned:

Account set up on system:

Account notified:

