



Application for Monthly Account

Company Name*: Applicants Name*:

Company Number: VAT Number:

Address:
.....

Landline Number: Mobile Number:.....

E Mail:
*If not a Limited Company please insert the name of the Proprietor. Please enclose a company letterhead.

Credit Limit Required:

Purchasing Contact : Contact Number:

Purchasing Email:

Should we insist on a purchase order number with all purchases? YES NO

Accounts Payable Contact: Contact Number:

Accounts Payable email:

I would like to pay my account by (please circle)

Direct Debit* Cash/Cheque Visa Paypal Bank T/Fer
*Please complete the DD Mandate and instructions

Trade Reference 1 (Name, Address & Landline No. only)* Trade Reference 2 (Name, Address & Landline No. only)*

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.....
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*Note: Other Motor Factors not acceptable as Trade References and Landline Number required for referees.

Method of Communications — Please circle preference

Statements email Post Invoices email Post
Credit Notes email Post Quotations email Post

Please tick this box if you do not want to receive marketing information for PartsforCars

Email address for marketing purposes

I/We Understand that this is an account application for a monthly account with PartsforCars and credit terms are 60 days from month end.

For Office Use Only

Rep Name: A/C No: