



Application for a Weekly Account

Company Name*:

Applicants Name*:

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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:

Please insert details of your Purchasing Contacts:

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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**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 weekly account with PartsforCars and the credit terms are 7 days.

For Office Use Only

Rep Name:

A/C No: