

Van Area:	_____
Rep:	_____
Approved:	_____
Acc No:	_____

Thomas Street, Barnsley, South Yorkshire. S70 1LH

Tel: Accounts 01226 283338

Email: michaelacoyle@butlersautomotive.co.uk

### **CREDIT ACCOUNT APPLICATION FORM.**

#### **Section 1**

Company Reg No: ..... Registered Address: .....  
Company Name: .....  
Deliver Address: .....  
.....  
.....  
.....  
Post Code: ..... Post Code: .....  
Sales Tel No: ..... Company Reg No: .....  
Mobile No: .....  
Sales Contact: .....  
Sales Email: .....  
Accounts Contact: .....  
Accounts Tel No: .....  
Accounts Email: .....  
**SUGGESTED CREDIT LIMIT £.....**

#### **Section 2**

##### **Account Type**

C.O.D       Weekly       Monthly

#### **Section 3**

Full Names & Private Address of Partners or Proprietors: .....  
.....  
.....Post Code: .....

#### **Section 4**

Type of Business: .....  
.....  
How long Established: .....  
.....

Approximate No. of staff: -----  
-----

Which other Motor Factors Used: -----  
-----  
-----

Any other Information: -----  
-----  
-----

**Section 5**

Please supply details of two references with whom you have a credit account.

Reference 1

Company Name:.....

Address:.....

.....

Contact Name: .....

Email:.....

Telephone: .....

Reference 2

Company Name:.....

Address:.....

.....

Contact Name: .....

Email:.....

Telephone: .....

**Section 6**

**DECLARATION.**

**I CONFIRM THAT THE DETAILS ON THIS APPLICATION FORM ARE CORRECT AND  
AGREE TO A CREDIT CHECK THROUGH EXPERIAN**

Sign: .....

Sign: .....

Date: .....

Date: .....

-----  
**Area Sales Manager Use Only**

I recommend that an account to be authorised for this customer.

Sales Persons signature: -----

Date: -----

<b><u>Account Terms</u></b>					
ASPM1	<input type="checkbox"/>	BAT1	<input type="checkbox"/>	P1	<input type="checkbox"/>
ASPM2	<input type="checkbox"/>	BAT2	<input type="checkbox"/>	TW	<input type="checkbox"/>
ASPM3	<input type="checkbox"/>			CC1	<input type="checkbox"/>
ASPM5	<input type="checkbox"/>				
ASPM6	<input type="checkbox"/>				
SHOP	<input type="checkbox"/>				

**TERMS: NETT 30 DAYS. – ACCOUNTS MUST BE PAID BY THE END OF THE MONTH FOLLOWING THE MONTH OF DELIVERY. E.G. GOODS DELIVERED IN JANUARY MUST BE PAID FOR BY THE END OF FEBRUARY.**

**WEEKLY ACCOUNTS MUST BE PAID NO LATER THAN 2 WEEKS AFTER DELIVERY. ALL GOODS REMAIN THE PROPERTY OF AUTOSUPPLIES (CHESTERFIELD) LTD UNTIL PAID IN FULL. AUTOSUPPLIES RESERVES THE RIGHT TO CHARGE 2% PER ANNUM OVER BANK MINIMUM LENDING RATE ON ALL OVER DUE PAYMENTS.**

DIRECTORS: D. CLARKE

COMPANY REGISTRATION NO: 1696328