

**ACCOUNT APPLICATION FORM**

<b>Company Name:</b>	<b>Legal Entity:</b> Ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> LLP <input type="checkbox"/>
<b>Invoice Address:</b>	<b>Delivery Address:(If same as invoice address leave blank)</b>
<b>Post Code:</b>	<b>Post Code:</b>
<b>Contact Name:</b>	<b>Email:</b>
<b>Tel No:</b>	<b>Mobile No:</b>
<b>Company Registration No:</b> <b>Established (No. in Years):</b>	<b>VAT Registration No:</b>
<b>Sales Contact Name:</b> <b>Sales Contact Number:</b>	<b>Sales Email Address:</b>

<b>Partner 1 / Directors 1</b>	<b>Partner 2 / Directors 2</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Post Code:</b>	<b>Post Code:</b>

Please state which is your local branch:

Newark <input type="checkbox"/>	Boston <input type="checkbox"/>	Bradford <input type="checkbox"/>	Coalville <input type="checkbox"/>	Hull <input type="checkbox"/>	Immingham <input type="checkbox"/>
Knottingley <input type="checkbox"/>	Lincoln <input type="checkbox"/>	Melton <input type="checkbox"/>	Nottingham <input type="checkbox"/>	Scunthorpe <input type="checkbox"/>	Worksop <input type="checkbox"/>
Lincolnshire Rads <input type="checkbox"/>	<b><u>Internal Use Only</u></b>		Salesman Code:		

**PLEASE GIVE TWO TRADE REFERENCES**

\* Suppliers you currently hold credit accounts and are not associated with.

<b>Trade Ref Name:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	

<b>Trade Ref Name:</b>	
<b>Telephone Number:</b>	
<b>Email Address:</b>	

## Accounts Department

Contact Name:	Phone Number:
Invoice Email:	Statement Email:

Expected Monthly Spend:	
Expected Credit Limit:	

## Accounts Information

Our Invoices are emailed on a daily basis. Bacs payments preferred.

### AGREEMENT TERMS

- All invoices are to be paid 30 days from the end of month.
- Claims arising from invoices must be made within seven working days.
- I give my consent to a credit search being made on me as owner/partner or director of this organisation both now & at any future date. I understand this search will be recorded by the agency & may be disclosed to subsequent enquirers.

### ACCOUNTS ARE REVIEWED EVERY 12 MONTHS

Please sign to confirm that you agree to abide by these terms.

Signed: \_\_\_\_\_

Position: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date : \_\_\_\_\_

Please send completed form to the Head Office address above or mail to:  
[accounts@particmotorsparesltd.co.uk](mailto:accounts@particmotorsparesltd.co.uk)

[www.particmotorspares.co.uk](http://www.particmotorspares.co.uk)



☎ Newark: 01636 702479

☎ Boston (Silt Side): 01205 311588

☎ Bradford: 01274 905888

☎ Coalville: 01530 831153

☎ Hull: 0142 320110 Immingham:

☎ 01469 576700

☎ Knottingley: 01977 805577

☎ Lincoln: 01522 689409

☎ Melton: 01664 561664

☎ Nottingham: 01159 760977

☎ Scunthorpe: 01724 282007

☎ Worksop: 01909 473572



**LINCOLNSHIRE  
RADIATORS**  
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