

ACCOUNT APPLICATION FORM

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

Partner 1 / Directors 1	Partner 2 / Directors 2
Home Address:	Home Address:
Post Code:	Post Code:

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"/>	<u>Internal Use Only</u>		Salesman Code:		

PLEASE GIVE TWO TRADE REFERENCES

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

Trade Ref Name:	
Telephone Number:	
Email Address:	

Trade Ref Name:	
Telephone Number:	
Email Address:	

Accounts Department

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

Expected Monthly Spend:	
Expected Credit Limit:	

Do you require us to quote
your order numbers?

YES

NO

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

I have read and agree to Partic Motor Spares Ltd Credit Account Terms & Conditions

Signed: _____

Position: _____

Print Name: _____

Date : _____

Please send completed form to the Head Office address above or mail to:
accounts@partic.co.uk

www.partic.co.uk



☎ Newark: 01636 702479
☎ Boston 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

