



Harvey Reeves Road • Northampton • NN5 5JR • T 10604 750200 • F 01604 589673

APPLICATION FOR A BUSINESS CREDIT ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
Town / City:		County:	Post Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		County:	Post Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
Town / City:		County:	Post Code:
Sort Code:	Account number:		
Account Name:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
Town / City:		County:	Post Code:
Phone:	Fax:	E-mail:	
Contact Name and Position:			
Company name:			
Address:			
Town / City:		County:	Post Code:
Phone:	Fax:	E-mail:	
Contact Name and Position:			
Credit Limit Requested:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Northants Auto Parts & Service Ltd. to make inquiries into the banking and business/trade references that you have supplied; and
4. You agree to the published Terms & Conditions of Northants Auto Parts & Service Ltd.

SIGNATURES

Title:	Title:
Date:	Date: