



Accounts Department
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Application for Monthly Credit

(PLEASE PRINT)

NB: Only section A or B should be completed.

A) LIMITED COMPANY (Full Trading Style)	
Address:	_____

Telephone Number(s) (inc std):	_____
Fax Number(s) (inc std):	_____
E-mail address:	_____
Company Registration Number:	_____
VAT Registration Number:	_____

B) FIRM (Full Trading Style)	
Address: (Details to be as registered with the Business Names Registry)	_____

Names & Private addresses of Partners	1) _____

	2) _____

Telephone Number(s) (inc std):	_____
Fax Number(s) (inc std):	_____
E-mail address:	_____
VAT Registration Number:	_____

Maximum amount of Credit required:	£ _____
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Name & Address of Bankers	_____

Sort Code:	_____
Account Number:	_____

Trade References	1) _____

(Full names & addresses of two businesses with whom you have a credit account of comparable size)	2) _____

I am aware that your terms are strictly monthly nett, and I agree to your terms and conditions of sale and I consent to complete a status enquiry form in order for you to obtain a bankers reference.		
Signed:	Position:	Date: