

APPLICATION FOR CREDIT ACCOUNT

Please answer all of the following questions

Trading Name: _____
Name of Registered Company (If different): _____
Company Registration Number: _____
Registered Address: _____
Company Website: _____
Company Type (Limited / Partnership / Sole Trader)
1. Name of Company: _____
2. Trading Address: _____

3. Company Registration. No: _____
4. Telephone No: _____
5. Account Contact Person: _____
6. Name, Address and Telephone No. of Two Principal Suppliers: _____

Credit limit required _____ . Per month

Conditions:

*Account facilities are granted at the discretion of the company.
Accounts are due and payable 14 days from date of invoice.
All accounts are subject to VAT at the current rate.*

Declaration:

Iam a **Director / Partner** in the above named company and thereby authorized to obtain credit facilities and to sign cheques on behalf of the said company. Should the company fail to settle your invoices, for any reason whatsoever, I personally guarantee payment of the outstanding amount.
I understand that in the event of non-payment after 14 days, this account may be suspended and a 15% surcharge added to any outstanding amounts.
I have read and understand your pricing structure and confirm that this is subject to change at your discretion. In accordance with current legislation I agree not to place bookings with your drivers, but only through the means of your licensed control operation.

Position in the company _____

Print name _____ **Date** _____

Signed _____

password.

Having password on your account means that only person who have the password will be able to book with Adams Radio Cars.

1. Any password required? (Yes / No)
2. Authorise personal can only request for cars? (Yes / No): _____
If yes, Please provide the full names of individual(s). _____

3. Reference must be taken? (Yes / No): _____
4. Are you interested in booking cars via our website? (Yes / No): _____
If yes, please provide us user names and password. Password should not be more than 10 characters.
User Names: _____
Password: _____
5. Would you like to receive your monthly invoice via email? (Yes / No): _____
If yes, Please provide your email address: _____
6. Would you like to pay Adams Radio Cars Via BACS? (Yes / No)
If yes, here are our BACS details.
