



**COMMERCIAL VEHICLE COMPONENTS**

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**ACCOUNT APPLICATION FORM.**

Dear Sir/Madam,

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Please find below the required details for a credit account. The form must be completed in detail and returned along with a copy of your letter head, for the attention of credit control. Your account will be open as soon as satisfactory references are received.

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

Full Trading Name:- \_\_\_\_\_

Address:- \_\_\_\_\_  
\_\_\_\_\_

Tel. No.:- \_\_\_\_\_ Fax No.:- \_\_\_\_\_

E-Mail Address:- \_\_\_\_\_

Amount of monthly credit required:- £ \_\_\_\_\_

Address to send invoices and statements if different from above:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of accounts contact:- \_\_\_\_\_

Tel. No.:- \_\_\_\_\_ Fax No.:- \_\_\_\_\_

E-Mail Address:- \_\_\_\_\_

Type of company (e.g. Sole proprietor, Ltd Co. P.L.C etc.):- \_\_\_\_\_

**Bank details**

Name of bank:- \_\_\_\_\_

Address:- \_\_\_\_\_

Bank Sort Code:- \_\_\_\_\_ Account No. :- \_\_\_\_\_

**TRADE REFERENCES**

Supplier Name:- \_\_\_\_\_

Address:- \_\_\_\_\_  
\_\_\_\_\_

Tel No:- \_\_\_\_\_ Fax No:- \_\_\_\_\_

Supplier Name:- \_\_\_\_\_

Address:- \_\_\_\_\_  
\_\_\_\_\_

Tel No:- \_\_\_\_\_ Fax No:- \_\_\_\_\_

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

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