

Commercial Credit Application Form

Private & Confidential



Full name of Applicant (and trading style if different).....

Trading address.....

Telephone..... Email.....

Registered Office (if different from above).....

Business type: PLC Limited Company Partnership Sole Trader

Year trading commenced..... If Limited Company, Company Registration No.....

If you are trading as a Partnership please give **full names** (not initials) and **home address** of **ALL** partners, together with their dates of birth (Use reverse side if necessary), if so tick this box. PTO

1

2

Bank Name..... Branch.....

Sort Code Account Number

Maximum anticipated monthly credit required £.....

Accounts Personnel - Name of the person responsible for paying the account.....

Telephone..... Ext..... Email.....

DECLARATION BY APPLICANT SEEKING CREDIT ON BEHALF OF A BUSINESS

I am duly authorised by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon. We recognise that if payment of your invoices is not made by the due date for payment, it may result in the matter being referred to a third party for recovery of the invoice debt; if so, we agree to indemnify you against the costs you incur in referring the matter to the third party pursuing the debt including the third party's current applicable fees for writing to us, any commission payable by you to the third party, all reasonable incidental costs of recovering the debt and interest as applicable.

We/I will understand that as a part of your assessment of us in the granting of credit, you will send details of our application to a credit reference agency who will search databases to which it has access. It may also search a credit reference agency for information relating to us (and in the case of a non-limited business, also relating to the proprietors). The credit reference agency will record the fact of that search in their name. We/I authorise our bankers to provide an opinion as to our suitability for the requested account.

SIGNED..... NAME (Please print).....

DATE..... POSITION.....

Once completed, please return to DCM Tyre & Autocentres, 4 Longmead, Shaftesbury, Dorset, SP7 8PL.
info@dcmtyres.co.uk 01747 851654. DCM Tyre & Autocentres is a trading style of DCM Tyres (Wessex) Limited.