

# Application for Credit Facilities

To enable us to process your application efficiently and effectively, please complete all sections, sign and return to:

Accounts Dept, Imexpart Limited, FREEPOST, Links 31, Willowbridge Way, Whitwood, Castleford, West Yorkshire WF10 5NP.



No need for a stamp as it's freepost! If you experience any problems completing the form, please call: **01977 553936**

## Company Details

Company Name:	<input type="text"/>	Postcode:	<input type="text"/>
Trading Name: <small>(if different)</small>	<input type="text"/>	Tel No:	<input type="text"/>
Invoice Address:	<input type="text"/>	Fax No:	<input type="text"/>
		Email:	<input type="text"/>
		Year Commenced Trading:	<input type="text"/>

## Registered Office (Corporate Companies Only)

Company Registration No:  
(if different)

Registered Office:

Registered Office Address:

Postcode:

## Statement Address

Statement Address:  
(if different)

Postcode:

Fax No:

Tel No:

## Delivery Address

Delivery Address:  
(if different)

Postcode:

Fax No:

Tel No:

(If you have multiple delivery addresses, please include these on a separate sheet and attach to this application)

## Sole Traders or Partnerships only (Please give the full names and private addresses of all individuals)

Title: <input type="text"/>	Title: <input type="text"/>
Forename(s): <input type="text"/>	Forename(s): <input type="text"/>
Surname: <input type="text"/>	Surname: <input type="text"/>
Date of Birth: <input type="text"/>	Date of Birth: <input type="text"/>
Full Address: <input type="text"/>	Full Address: <input type="text"/>
Postcode: <input type="text"/>	Postcode: <input type="text"/>
How long at this address: <small>(if less than 2 years please provide previous address details on a separate sheet and attach to this application)</small>	How long at this address: <small>(if less than 2 years please provide previous address details on a separate sheet and attach to this application)</small>

Do you issue official order No.s?

Where did you hear about us?

**Key Contacts**

Person responsible for the purchasing of parts:

Title:

Forename(s):

Surname:

Date of Birth:

Tel No:

Fax No:

Email:

Person responsible for the payment of our accounts:

Title:

Forename(s):

Surname:

Date of Birth:

Tel No:

Fax No:

Invoices will be sent to the below email address:

Email:

**Please indicate your type of business**

Type of business:

*E.g. Motor Factor, Engine Reconditioner, Fleet Owner/Operator/Repairer, Bodyshop, Stockist, Bus & Coach, Lease Hire, Owner Driver.*

**Please state the exact quantity and model types of the vehicles you currently own/operate/repair** (If applicable)

Total No. of DAF: \_\_\_\_\_  
 Total No. of Iveco: \_\_\_\_\_  
 Total No. of MAN: \_\_\_\_\_  
 Total No. of Mercedes: \_\_\_\_\_  
 Total No. of Renault: \_\_\_\_\_  
 Total No. of Scania: \_\_\_\_\_  
 Total No. of Volvo: \_\_\_\_\_  
 Total No. of Other: \_\_\_\_\_

Model No(s): \_\_\_\_\_  
 Model No(s): \_\_\_\_\_  
 Model No(s): \_\_\_\_\_  
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 Model No(s): \_\_\_\_\_  
 Model No(s): \_\_\_\_\_

Additional Information:



**We wish to apply for credit facilities with your company and we have read your standard terms and conditions of trade attached. We accept your conditions of trade including your payment terms, which are strictly nett 30 days.**

Signature:	<input type="text"/>	Print:	<input type="text"/>	Job Title:	<input type="text"/>	Dated:	<input type="text"/>
Signature:	<input type="text"/>	Print:	<input type="text"/>	Job Title:	<input type="text"/>	Dated:	<input type="text"/>

This application must be signed by a person duly authorised to do so, and in the case of corporate companies this must be a DIRECTOR, COMPANY SECRETARY or other person duly authorised by the company. The capacity of the signatory must be stated, i.e. DIRECTOR, COMPANY SECRETARY, MANAGER, OWNER or PARTNER, etc. In the case of partnerships ALL PARTNERS MUST SIGN.

We are a Data Controller under the Data Protection Act 1998 ("the Act") and comply with the data protection principles set out in the Act in relation to handling any personal data which you may provide to us to the extent that the Act requires. By signing this application you acknowledge and consent that we may provide access to and transfer data to financiers/credit reference agencies for the purpose of provision of their services to us in respect of credit reference searches, credit control and analysis (including credit scoring, market, product and statistical analysis), provision of security and protection of our commercial interests. Any financiers/credit controllers to whom disclosure is made will keep and transfer the data only for the purposes stated. Details of our financiers and any credit reference agencies used will be made available upon request.

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<b>FOR OFFICE USE ONLY</b>	Date received: _____	<b>ACCOUNT NUMBER</b>	<input type="text"/>
Postcode: _____	Terms: _____	Area: _____	Initials: _____
Application successful: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Authorised by: _____	Date: _____	