

To	Date
----	------

# Application for credit facilities

## Arnold clark Service/parts account

Please use block capitals to complete sections 1 to 15 on the attached form.

Once complete, please email to [ACAutoparts@arnoldclark.com](mailto:ACAutoparts@arnoldclark.com)

The attached information is complete and correct to the best of my/our knowledge and belief.  
I/we agree to pay for any goods/services supplied by you in accordance with your standard credit terms. Viz: all invoices are strictly net and payable 30 days following the date of invoice.  
I/we understand that the Arnold Clark organisation are not responsible for the uplift of cheques or cash and that the responsibility for settlement of outstanding monies lies with myself/ourselves.

Signed	Date
--------	------

Position
----------

1. Customer's full name

2. Trading style (if different)

3. (a) Address - name

3. (b) Trading style (if different)

3. (c) Town

3. (d) County

3. (e) Post code

4. Telephone no

5. Year business started

6. Number of employees

7. Amount of credit required per month

**8. Type of business**

Sole trader

Partnership

Limited co.

**9. Partnerships**

9. (a) Please list full names & address of all partners overleaf

9. (b) Year of formation

**10. Limited companies**

10. (a) Name and address of registered office

10. (b) Registered No.

10. (c) Year of incorporation

10. (d) Issued capital

11. (a) If branch or susidiary of larger group - name & address of head / registered office

11. (d) Issued capital

12. Nature of business

13. Invoice address (If different from 3)

14. Statement address (If different from 3)

**15. Trade references**

Name

Address

Telephone no.

Name

Address

Telephone no.

**OFFICE USE ONLY**

16. Credit limit recommended	Authorisation by accountant	Date
Remarks		
PTO		

17. Application rec'd date	Ref sent	Ref 1 rec'd	Ref 2 rec'd	Account no
----------------------------	----------	-------------	-------------	------------