

WOLVERHAMPTON TRUCK RENTAL LTD.



Self Drive, Light Haulage &

Tel - 01902 457002

Po.Box 31 Wolverhampton WV14NJ

Vehicle Maintenance

Fax - 01902 871003

CREDIT ACCOUNT APPLICATION

Company Detail

Date __/__/__

Trading Name - _____
Company Registration Number - _____
Registered Address - _____
Invoice Address (if different) - _____
Main Telephone Number - _____
Main Fax Number - _____
Main E-mail Address - _____
Web Site Address - _____
Monthly Credit Required - _____

References

1 Bank Name - _____
Address - _____

2 Trade Reference - _____
Address - _____

3 Trade Reference - _____
Address - _____

Contacts

Purchasing Contact Name - _____
Position - _____

Direct Telephone Number - _____
Direct Fax Number - _____
E-mail Address - _____

Accounts Payable Contact Name - _____
Position - _____
Direct Telephone Number - _____
Direct Fax Number - _____
E-mail Address - _____
Will we require a purchase order No.? - YES / NO

Declaration

We hereby apply to open a credit account and understand that payment for goods or services supplied is to be made strictly thirty days net from date of invoice, unless otherwise agreed in writing by an officer of the Company.

Signed - _____

Position - _____