



THE CAR PARTS SPECIALISTS

10 Althorpe Street, Leamington Spa CV31 2AU

Account Application Form

Company Information	
Name Of Company / Organisation	_____
Trading Title (if different from above)	_____
Name of Parent Company (if part of group)	_____
Company Registration No (if Limited Company)	_____
Legal Title (delete where appropriate):	<u> Sole Trader Partnership PLC Limited Company</u>
Registered Address:	_____ _____
Telephone No:	_____ Mobile No: _____
Accounts Address:	_____ _____
Accounts Contact:	Name: _____ Contact No: _____ Email Address: _____
Financial Director:	Name: _____ Contact No: _____
Credit Limit Required:	£ _____
Bank Name:	_____
Address:	_____ _____ Post Code: _____
Telephone No:	_____

By signing this form you are in agreement to our Terms & Conditions

Sign: _____ Print: _____

Position: _____ Date: _____

All Invoices must be paid within 30 days from date of invoice unless otherwise agreed in writing by Leamoco Limited. We reserve the right to charge interest on overdue invoice/accounts in accordance with The Late Payment of Commercial Debts (interest) act 1998.

For Office use Only

Account No:	Credit Limit Approved:
Approved By	Date: