

CREDIT APPLICATION



Full Legal Name (not Trading name) :.....

Trading as:

Registered Address (If Company):.....

Billing Address:

Delivery/Physical Address:.....

Phone No: () Cellphone ()

Website.....

Sales/Purchasing Contact Name: Email

Accounts Payable Contact Name: Email

Sole Trader () Partnership () Company () Trust ()

Date Business Commenced: Nature of Business:

Name of Principal/Partner/Director:

Address:

Phone Number: Business () Private: ()

TRADE REFERENCES

NAME	CONTACT	PHONE NO
1.		
2.		

Bank and Branch: Accountant:

I/We hereby apply to open a credit account with Wheels Plus Limited. I/We hereby accept that all purchases which we make from to its credit account holders as noted on the Wheelspluscastors website. We agree to be bound by the Wheelsplus Ltd Terms of Trade in respect of all orders and purchases placed and made by us from your company. Where this credit application form is signed for and on behalf of a company or other Body. I warrant as the signatory to the form that I am duly authorised to sign on the company's behalf and that the terms of this credit application form and the Terms of Trade attached are binding on the company or trading concern accordingly. I warrant the above particulars are true and correct

Signed for and on behalf of the customer: Position In Firm/coy: Date:

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