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ACCOUNT / PRO-FORMA APPLICATION FORM

FULL TRADING NAME:- _____
 BUSINESS ADDRESS:- _____
 _____ POST CODE:- _____
 TELEPHONE NUMBER:- _____
 CONTACT NAME:- _____ EMAIL ADDRESS:- _____
 PARKSAFE CUSTOMER SALES REPRESENTATIVE:- _____ AREA CODE:- _____

PLEASE ATTACH A COPY OF A BUSINESS LETTERHEAD

TRADING STATUS (PLEASE MARK AS APPROPRIATE) PLC / LIMITED COMPANY / PARTNERSHIP / SOLETRADER
 IF PLC OR LIMITED PLEASE STATE REGISTRATION NO: _____
 REGISTERED OFFICE ADDRESS IF DIFFERENT FROM ABOVE: _____

IF PARTNERSHIP OR SOLETRADER

FULL NAME OR PROPRIETOR OR FIRST PARTNER:- _____
 HOME ADDRESS:- _____
 _____ POST CODE:- _____
 HOME PHONE NUMBER:- _____ DATE OF BIRTH:- _____
 FULL NAME OF SECOND PARTNER:- _____
 HOME ADDRESS:- _____
 _____ POSTCODE:- _____
 HOME PHONE NUMBER:- _____ DATE OF BIRTH:- _____
 ANY FURTHER PARTNERS PLEASE PUT ON A SEPARATE SHEET

PAYMENT CONTACT DETAILS

NAME:- _____
 ADDRESS:- _____
 _____ POST CODE:- _____
 TELEPHONE:- _____ FAX NUMBER:- _____
 EMAIL ADDRESS:- _____
 NUMBER OF YEARS TRADING:- _____ TYPE OF BUSINESS:- _____
 ESTIMATED ANNUAL VALUE OF ALL PURCHASES: _____

PLEASE STATE WHY YOU ARE COMPLETING THIS FORM:

UPDATE MY ACCOUNT DETAILS
 APPLYING FOR APRO-FORMA CASH ACCOUNT
 APPLYING FOR A WEEKLY CREDIT ACCOUNT
 APPLYING FOR A 30 DAY CREDIT ACCOUNT

BANK DETAILS

NAME:- _____ TELEPHONE NUMBER:- _____
ADDRESS:- _____ POSTCODE:- _____
SORT CODE:- _____ ACCOUNT NUMBER:- _____

TRADE REFERENCES

CONTACT NAME:- _____ POSITION IN COMPANY:- _____
COMPANY NAME:- _____
ADDRESS:- _____
_____ POST CODE:- _____
TELEPHONE NUMBER:- _____ FAX NUMBER:- _____
EMAIL ADDRESS:- _____

CONTACT NAME:- _____ POSITION IN COMPANY:- _____
COMPANY NAME:- _____
ADDRESS:- _____
_____ POST CODE:- _____
TELEPHONE NUMBER:- _____ FAX NUMBER:- _____
EMAIL ADDRESS:- _____

I / WE HEREBY REQUEST THAT PARKSAFE AUTOMOTIVE LIMITED OPEN A CREDIT ACCOUNT / RENEW AND CONTINUE A CREDIT ACCOUNT.

I / WE DECLARE THAT THE ABOVE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF.

I / WE UNDERSTAND AND AGREE THAT ALL PURCHASES MADE BY ME / US ARE SUBJECT TO THE TERMS AND CONDITIONS OF SALE OF PARKSAFE AUTOMOTIVE LIMITED FROM TIME TO TIME INFORCE.

I / WE HEREBY ACKNOWLEDGE RECEIPT OF SUCH CONDITIONS OF SALE.

I / WE AGREE TO THE APPROPRIATE CREDIT CHECKS AND REFERENCES BEING TAKEN.

SIGNED:- _____ NAME:- _____
POSITION / TITLE:- _____
FOR AND ON BEHALF OF:- _____
(TO BE SIGNED BY A DIRECTOR OR OFFICER OF THE COMPANY IF LIMITED)
DATE:- _____

*Please note by signing this form you are agreeing that any outstanding debts to Parksafe Automotive Limited will become personally liable by yourself.

PLEASE SEND COMPLETED FORMS TO:
PARKSAFE AUTOMOTIVE LIMITED
EDEN HOUSE
HIGH HOLBORN ROAD
CODNOR GATE INDUSTRIAL ESTATE
RIPLEY
DERBYSHIRE
DE5 3NW
OR EMAIL TO:accounts@parksafeautomotive.com / sales@parksafeautomotive.com

