

**CREDIT APPLICATION FORM**

ONLINE

NEW ACCOUNT NUMBER**Finance Details****ACCOUNT NAME****FULL REGISTERED ADDRESS**

POSTCODE

COMPANY INFORMATION

COMPANY REGISTRATION NO.

NATURE OF BUSINESS

NO. OF STAFF

YEARS TRADING

CONTACT DETAILS

NAME

TELEPHONE NO.

FAX NO.

E-MAIL

ACCOUNTS DEPARTMENT CONTACT DETAILS

NAME

TELEPHONE NO.

FAX NO.

E-MAIL

CREDIT REFERENCE 1

NAME & ADDRESS

POSTCODE

TELEPHONE NO.

E-MAIL ADDRESS

CREDIT REFERENCE 2

NAME & ADDRESS

POSTCODE

TELEPHONE NO.

E-MAIL ADDRESS

METHODS OF PAYMENT

DIRECT DEBIT *

YES / NO

BACS **

YES / NO

CHEQUE

YES / NO

CREDIT CARD

YES / NO

BILLING REQUIREMENTS – PLEASE TICK

FORTNIGHTLY

MONTHLY

PEOPLE AUTHORISED TO BOOK**CUSTOMER DETAILS****NAME****POSITION**

I accept that your terms are 30 days net and hereby apply for a credit account. I accept your terms and conditions of trading as published by the RHA (Road Haulage Association) and that the tariffs supplied to me have been calculated by the Regents Cars computer grid and are zoned. The mileages between these zones may at times differ from those published by some Automobile organizations. I agree to abide by them in full. I confirm that I am authorized to make this application.

SIGNATURE**DATE**

TICK FOR ONLINE BOOKING & REPORTING

Have you previously had an account with us?

YES / NO

Do you have any other accounts with Regents Cars?

YES / NO

If YES, what is your account number?

Is a reference required with each booking?

YES / NO

If YES, please list? E.g. security code, purchase order number etc

* Information will be e-mailed on account activation

** Our Bank Details are available upon request

Please call back to +44 (0) 20 8346 0004