

Trade Account Application Form

Trading Title: (Please state whether Sole Trader/Partnership or Limited Company and include any Business or Trade names)		
Full Trading Address:	Delivery Address:	Registered Office Address:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode:	Postcode:	Postcode:
Sales Contact: <input type="text"/>	Tel: <input type="text"/>	
Accounts Contact: <input type="text"/>	Tel: <input type="text"/>	
Receive Statements by Email? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address: <input type="text"/>	
Company Email: <input type="text"/>		
Company Type: Independent <input type="checkbox"/> National <input type="checkbox"/> Multi-Branch? Yes <input type="checkbox"/> No <input type="checkbox"/>	Franchised? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Line of Business: Fitting Station <input type="checkbox"/> Garage Services <input type="checkbox"/> Motor Factor <input type="checkbox"/> Dealers & Distributors <input type="checkbox"/>		
Accessory Dealer <input type="checkbox"/> Body Repairs <input type="checkbox"/> Vehicle Dismantler <input type="checkbox"/> Other: <input type="text"/>		
How long has the business been established? Years <input type="text"/> Months <input type="text"/>	Time at trading address? Years <input type="text"/> Months <input type="text"/>	
Registered Company Number (if applicable): <input type="text"/>		
Directors/Proprietors Names: <input type="text"/>	Bank Name: <input type="text"/>	Account Number: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	Sort Code: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Directors'/Proprietors' Address: <input type="text"/>	Bank Address: <input type="text"/>	Credit Limit required (two months purchases): <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode: <input type="text"/>	Postcode: <input type="text"/>	
Do you have any pending lawsuits against you? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trade reference name & address (1): <input type="text"/>	Trade reference name & address (2): <input type="text"/>	
<input type="text"/>	<input type="text"/>	
Postcode: <input type="text"/>	Postcode: <input type="text"/>	
Trade ref tel (1): <input type="text"/>	Trade ref tel (2): <input type="text"/>	
Please note that account terms are strictly 30 days net monthly		
I/we confirm the above is correct and agree to accept in full SES Autoparts Ltd terms & conditions of sale.		
Date: <input type="text"/>	Signed: <input type="text"/>	Position: <input type="text"/>
HEAD OFFICE USE ONLY: Account No: <input type="text"/>	Letter: <input type="checkbox"/>	File: <input type="checkbox"/> Sent: <input type="text"/>

Please return completed form to: SES Autoparts, Alexandra House, Winchester Hill, Romsey, Hampshire, SO51 7ND