

Intercounty Truck & Van Limited

Customer Credit Application Form

Customer's Name _____

Account No: _____

**Please Return Att: Nikki Warner
CREDIT CONTROL
Finedon Road Industrial Estate
Stewarts Road
Wellingborough
Northants
NN8 4TR**

Issue Apr 2008

Intercounty Truck & Van Limited

GENERAL TERMS & CONDITIONS

Thank you for giving us the opportunity of your business. Please read the following Terms and Conditions complete and return the attached application for monthly account facilities for our consideration.

1. Credit will not be granted until the application form is fully completed and references taken up and reviewed.
2. Credit facilities only apply to parts, accessories, oils, lubricants, accident damage, vehicle service and repairs.
3. **Payment terms are settlement by 20th of the month following the month of purchase.**
4. Interest may be charged at 2% per month on accounts not settled within the terms of payment set out in 3 above, at the discretion of Intercounty Truck & Van Ltd.
5. Periodical reviews will be carried out on account activity. Accounts that are dormant for more than 12 months may be discontinued. Accounts can only be reopened on re-application.
6. Failure to comply with our Terms and Conditions will result in withdrawal of credit facilities and any sums outstanding will become payable immediately.
7. Intercounty Truck & Van Ltd reserve the right to amend credit facility Terms and Conditions or to withdraw facilities at any time and without prior notice and without giving reasons.
8. Intercounty Truck & Van Ltd reserves the right to decline any application without giving reason.

When sanctioned, monthly account facilities can be used at the following branches:

Finedon Road Industrial Estate Wellingborough NN8 4TR
8 Fingle Drive, Stonebridge, Milton Keynes, MK13 0AY
Broadway Business Park, Yaxley, Peterborough, PE7 3EN
Redhills Estate, Harlington Road, Toddington, Bedfordshire LU5 6HF

INTERCOUNTY TRUCK & VAN LIMITED

Application for Monthly Account Facilities

Our Ref. No:

Date of Issue: _____

Name: _____

Address: _____

_____ Post Code: _____

Telephone No: _____

Fax No: _____

Contact Name: _____

Position Held: _____

Nature of Business _____

Number of years trading _____

Number of branches _____

Bankers Name: _____

Address: _____

_____ Post Code: _____

Limited Company:

Company Registration No: _____

Registered Office: _____

_____ Post Code: _____

(If different from above)

Sole Traders & Partnerships:

Name & Addresses where you are registered on the electoral roll

Name: _____

Address: _____

_____ Post Code: _____

(If different from above)

Date of Birth: _____

INTERCOUNTY TRUCK & VAN LIMITED

Application for Monthly Account Facilities

Tick one

Method of Payment Cheque _____
BACS _____
Other _____
(Please specify)

Trade References

(Excluding Oil Companies and Tyre Companies)

Name: _____

Address: _____

_____ Post Code: _____

Tel No: _____

Fax No: _____

Name: _____

Address: _____

_____ Post Code: _____

Tel No: _____

Fax No: _____

Requested Credit Limit £ _____

Is an order number required with each sale YES/NO

**If the account is for servicing, please state
number of vehicles in your fleet broken
down by make**

PLEASE SUPPLY A COPY OF YOUR LETTER HEADED PAPER

INTERCOUNTY TRUCK & VAN LIMITED

Application for Monthly Account Facilities

AGREEMENT

I agree that I have read and understand the terms and conditions of a credit account with Intercounty Truck & Van Ltd.

I agree that our trading terms will be bound by these conditions.

I give Intercounty Truck & Van Ltd authority to take up and make any necessary References and or enquires and understand that they will make a search with a Credit Agency, and will keep a record of that search and will share that information with other businesses. They may also make enquiries about the principle directors with a Credit Reference Agency.

I certify that the information given is true and correct.

Signed: _____
(Director's signature if a company)

Name: _____

Title: _____

Date: _____

Company Stamp

PLEASE COMPLETE AND RETURN THIS FORM TO:

Finedon Road Industrial Estate
Stewarts Road
Wellingborough
NN8 4TR

ICTAV DIVISION _____

Sales Person _____

Main Use of Account Service/Parts _____