

# McMILLANS

## THE SIDELIFTER SPECIALISTS

### APPLICATION FOR A CREDIT ACCOUNT

COMPANY NAME: .....

ADDRESS .....

.....POSTCODE.....

### LIMITED COMPANY / PARTNERSHIP

(delete as necessary)

NAME OF PERSON RESPONSIBLE FOR BUSINESS .....

HOME ADDRESS / TRADING ADDRESS .....

.....POSTCODE.....

ACCOUNTS ADDRESS (IF DIFFERENT) .....

.....POSTCODE.....

ACCOUNTS EMAIL DIRECTORS/ PROPRIETORS NAMES .....

TELEPHONE NO: .....

FAX NO: .....

CONTACT NAME: .....

TYPE OF BUSINESS: .....

COMPANY REG NO: .....YEAR REGISTERED.....

NUMBER OF VEHICLES: .....

YEARS TRADING: .....

BANKERS NAME: .....

ADDRESS: .....

.....POSTCODE.....

ACCOUNT NO: .....SORT CODE.....

### TRADE REFERENCES (Fuel suppliers are not acceptable as references)

1) ..... 2) .....

.....

.....

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.....

TEL NO: ..... TEL NO: .....

FAX NO: ..... FAX NO: .....

ESTIMATED MONTHLY CREDIT REQUIRED: .....

Our payment terms are 30 days net. If payment is not received within 37 days, credit facilities will be withdrawn. In the event of the Company unable to pay McMillans Engineering for whatever reason, we have the right to pursue the Director for monies owing to us.

I/We agree to the above terms and conditions.

SIGNED:..... NAME:.....

POSITION IN COMPANY: ..... DATE:.....

PLEASE ATTACH AN OFFICIAL LETTERHEAD. CONTACT AT MCMILLANS ENGINEERING ..... Please email to [info@mcmillansengineering.co.uk](mailto:info@mcmillansengineering.co.uk)