

Full Company Name:	
Business Address:	
Please provide any different delivery addresses with contact details on letter headed paper	
Telephone:	Accounts Contact:
E-mail Address:	Accounts E-mail:
Company Reg. No:	Accounts Phone:
VAT Reg. No.:	Average Monthly Spend on Truck Tyres:
Year Established	Amount of Monthly Credit Required:
Current Supplier Name:	
Address:	
Person completing form	
Name:	Signature:
Position:	Date:
By completing and signing this form you agree to our terms and conditions of sale which are available on request. Payment terms: 30 days end of month unless otherwise agreed in writing.	
Internal Use	
Credit Limit:	Approved By:
Payment Terms:	Signature:

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