



AV Parts Master Ltd, Unit 1, Wokingham Commercial Centre, Molly Millars Lane, Wokingham, RG41 2RF Tel: 0800 170 7012

Customer Credit Application Form

<u>Company Name:</u> <u>Contact Name:</u> <u>Position in Company:</u>	<u>Company Registration:</u> <u>Number:</u> Is your company: Sole trader / Partnership / Limited liability / Other (please state):
<u>Trading Address:</u>	<u>Registered Address (if different):</u>
<u>Contact Tel:</u> <u>Contact email:</u>	<u>Accounts Tel:</u> <u>Accounts email:</u>
Business /Trade References:	(Please only provide details of companies that will provide a reference, please ensure they are willing to do this.)
Company Name: Address: Contact: Telephone: Email:	Company Name: Address: Contact: Telephone: Email:
Company Name: Address: Contact: Telephone: Email:	Company Name: Address: Contact: Telephone: Email:

Agreement	
1. All invoices are 30 days net from date of invoice. 2. Any claims arising from invoices must be made within seven working days of receipt of invoice. 3. By submitting this application, you authorise AV Parts Master Ltd to make enquiries into the banking and business/trade references that you have supplied.	
<u>Authorised Signature(s)</u>
<u>Print Name(s):</u>
<u>Position:</u>
Date:	Date: