

Broadway Cars

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APPLICATION FOR CREDIT FACILITIES

Signature:	Position: Date:
Name: (Full Trading Title)	
Address:	Registered Office Address (if different)
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
Names of Proprietors, Partners or Directors:	
Company Registration Number:	
Type of Business:	
Year Trading Commenced:	
PLEASE PROVIDE DETAILS OF YOUR BAN	K AND TWO TRADE REFERENCES
Name & Branch of your Bank:	
Account Name:	Account No: Sort Code:
TRADE REFERENCES	
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
Credit Limit you require:	Do you insist on Purchase Order Numbers:
Names of persons authorised to book:	