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### CREDIT APPLICATION FORM (Please attach copy of letterhead)

**PLEASE COMPLETE IN BLOCK CAPITALS**

Company Name/Partnership Name/ Sole Trader Name  
.....  
.....  
.....

Trade Reference 1  
Company Name  
.....  
Address.....  
.....  
Telephone .....  
Fax.....

Reg. Office(Ltd Co. only) Home address (Partnership/Sole Trader)  
.....  
.....  
.....  
Telephone .....  
Fax.....

Trade Reference 2  
Company Name  
.....  
Address.....  
.....  
Telephone .....  
Fax.....

Company Reg. No.

Invoice Address  
.....  
.....  
.....

Bank Name .....  
Address .....  
.....  
Sort Code.....  
Account Number .....

Delivery Address (if different from above)  
.....  
.....  
.....

Requested Credit Limit per month

Contact Name  
Signed

Position  
Date

The above signatory agrees to our terms and conditions for credit application  
All goods remain the property of Commercial Motor Products Limited until the invoice has ben paid in full