



H . R . O W E N

APPLICATION FOR CREDIT FACILITIES

Name			
Trading Address			
Tel No		Fax No	
Length of time at this address			

Registered Office and Number (if different from above)			
Tel No		Fax No	
Date Registered		Company Registration No	

Please indicate the estimated monthly credit required	£	
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Please indicate which department you require the account for (please tick)	
SERVICE	<input type="checkbox"/>
PARTS	<input type="checkbox"/>

Will the vehicle(s) upon which service and repair work may be carried out be registered in the name of the applicant? (please tick)	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
If NO, please give details of the person/company whose name it is registered in and those persons authorised to give instructions.	

Please supply registration Numbers/Models of vehicle which work will be carried out

<b>BANK REFERENCE</b>	
Bank	
Address	
Account Number	
Sort Code	

**TRADE REFERENCE**

Name

Address

Tel No  Fax No

**TRADE REFERENCE**

Name

Address

Tel No  Fax No

**Please return the completed application form to the address below:  
 Credit Controller, H R Owen Sports Cars, 5-9 School Road, London, NW10 6TD  
 Tel: 020 8930 6258 Fax: 020 8965 1815**

**Terms and Conditions**

- 1) This application form will be considered only if all details are completed.
- 2) All references will be treated in the strictest confidence.
- 3) H. R. Owen reserves the right to refuse credit facilities without disclosure of reasons, and without liability on the part of H. R. Owen.
- 4) In the event of credit facilities being approved / disapproved, the applicant will be informed in writing.
- 5) CREDIT TERMS: Cleared funds to be received by the 20th of the month following the date of invoice. Non-compliance with the terms stated will require all future monies due to be collected by Direct Debit\*.
- 6) H. R. Owen reserves the right to withdraw credit facilities at any time.

**I/We have read, understood and agreed the above Terms and Conditions and I/We hereby undertake to abide by the credit terms details therein. I/We enclose a copy of our headed paper.**

Name	<input type="text"/>	Position	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Position	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

(If Limited Company, Director(s) must sign. If Partnership, all partners must sign)

**Official Use Only**

**Please tick as appropriate**

TRADE ACCOUNT  RETAIL ACCOUNT

**Date**  **Account No**

**Approved By**  **Signature**