FFT SIZE



APPLICATION FOR CREDIT ACCOUNT

Name of Managing Director or Partner	Registered Office
Name of Person Responsible for Payment of Account	
	Post Code
Full Company Name	Registration No.
Address	Year Incorporated
	Year Commenced Trading
Post Code	Please state Forename(s), Surname(s) and private address(es) of Sole Trader, or all Partners, or all Directors if a limited company
Full Tel	
Mobile	A
Email	
Number of Trucks/Trailers	
Number of Cars	В
Number of Vans	
Number of 4x4	
Number of Plant	c
Number of Figure	
Max Monthly Credit Required £	
BANK REFERENCE TRADE REFERE	NCES Please supply two trade references with whom you have a 30 day account
Name of Bank Company Name	Name of Ref 2
Address	Address
Post Code Post Code	Post Code (
Sort Code Tel	Tel
Account No Email	Email
DECLARATION	Name
I am happy to authorize to apply for a credit account on behalf of the named entity, and accept the terms and conditions of sale available at	Position / Title
NFS. I accept that all monies due shall be received by Nationwide Fleet Services Ltd no later than the last weekday of the month following that	Signed
in which goods were supplied. I accept that no supplies will be made under any circumstances whilst the account remains overdue.	Date
FOR OFFICE USE ONLY	
Approved Yes/No Credit Limit	A/C number Date

Tel: 0330 333 0999 | Nationwide Fleet Services Ltd, 2nd Floor, Equity Court, 73–75 Millbrook Road East, Southampton, Hampshire, SO15 1RJ