



APPLICATION FOR CREDIT ACCOUNT

1. Full Company Name _____
 Address _____
 _____ Post Code _____
 Full Tel _____ Full Fax _____

2. Nature of business _____

3. Year commenced trading _____

4. If limited Company or Public Limited Company
 Address of Registered Office _____
 _____ Post Code _____
 Registration No _____ Year of Incorporation _____

5. Please state Forename, Surname, and private address of sole trader or all partners/directors
 [a] _____
 [b] _____
 [c] _____

6. Number of vehicles Car _____ Commercial _____

7. Please state maximum monthly credit required £ _____

8. Name of Managing Director or Partner _____

9. Name of person responsible for payment of account _____

REFERENCES

Name of your Bank _____
 Address _____
 _____ Post Code _____
 Sort Code _____ Account Number _____
Please supply two trade references with whom you have a 30 day account

Name of Trade Reference 1 _____
 Address _____
 _____ Post Code _____
 Full Tel _____ Full Fax _____

Name of Trade Reference 2 _____
 Address _____
 _____ Post Code _____
 Full Tel _____ Full Fax _____

DECLARATION

I am authorised to apply for a credit account on behalf of the above company and accept the conditions referred to on this application form.

- That all monies due shall be received by Gates Tyres no later than the last weekday of the month following that which goods were supplied.
- I accept that no supplies will be made under any circumstances whilst the account remains overdue.
- I authorise Gates Tyres to investigate all credit references relating to the above.

Name _____
 Position/Title _____

Signed _____
 Date _____

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