



"FITTING YOUR EVERY NEED"

ACCOUNT APPLICATION

(PLEASE COMPLETE IN FULL)

Full Name: _____

How long established: _____

If limited address of Registered office:

Reg.No: _____

VAT Number, if registered: _____

Partnership or Firm, names and addresses of owners:

Address of business premises:



Air Brake Connections Limited
Unit 5, May Avenue Industrial Estate – Northfleet – Kent - DA11 8RU
www.airbrakeconnections.co.uk - Tel: 01474 – 535456
Email: sales@airbrakeconnections.co.uk

Telephone No: _____

Email address: _____

Fax number: _____

Address for Accounts:

Contact Name & Telephone No. for Accounts:

Name and address of bankers:

Sort code: _____ Acc. No: _____

Trade reference (1):

Company Name: _____

Tel No: _____

Email: _____

Contact: _____



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Trade reference (2):

Company Name: _____

Tel No: _____

Email: _____

Contact: _____

If the applicant is a subsidiary company please state name and address of parent company:

Will the parent co. be prepared to guarantee the indebtedness of its subsidiary?

Please indicate

Yes: _____ No: _____

If the company has traded for less than two years, will the directors be prepared to give personal guarantees?

Please indicate

Yes: _____ No: _____

CREDIT TERMS

- 1) Payment will be due strictly 30 days from statement.
- 2) It is understood and agreed that title to any goods supplied does not pass to you, the company, until payment has been made in full, irrespective of any process that may have subsequently been made to those goods supplied.
- 3) In the event of a query on any invoice, the company must be informed in writing within 14 days.
- 4) The company reserves the right to withdraw any credit facilities where the amount of business falls below an economic level for both parties.
- 5) Any change in status on the applicant company (e.g. Mergers, Amalgamations, Reorganisations etc.) should be notified to us within 14 days.



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We understand and have read the above terms and the enclosed conditions of sale and agree to comply with them.

Must be signed for by a Director or Co. Secretary duly authorised to sign for and on behalf of the applicant.

Company Stamp:

NAME: _____

POSITION: _____

DATE: _____

behalf of the applicant.

Maximum Credit Required Per Month. Amount £: _____

Please Return To:

Air Brake Connections Limited
DA11 8RU Unit 5, May Avenue Industrial Estate
Northfleet, Gravesend
Kent.

Or Email

sales@airbrakeconnections.co.uk



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