

# AUTOWAVE

Trade Account Application Form

## BUSINESS CONTACT INFORMATION

Customer Name		Date business commenced	
Company name		<input type="checkbox"/> Sole Trader	
Phone   Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Private Limited	
Registered company address City, Postcode		<input type="checkbox"/> Other	

## BUSINESS AND CREDIT INFORMATION

City, Postcode		Bank name:	
V.A.T Number		Primary business address City, Postcode	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	

## BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, Postcode		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Postcode		E-mail	
Type of account		Other	

## AGREEMENT

- All invoices are to be paid within the terms agreed.
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize Autowave to make enquiries into the banking and business/trade references that you have supplied.

## SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Once Completed, please send a copy of the Trade Account Form to [accounts@autowave.co.uk](mailto:accounts@autowave.co.uk)