



APPLICATION FORM

WHOLESALE DIVISION MAGOWAN TYRES (NI) LTD

COMPANY DETAILS

LTD COMPANY		PARTNERSHIP		SOLE TRADER		OTHER (please specify)
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COMPANY NAME:	
ADDRESS:	
TELEPHONE NUMBER:	MOBILE:
EMAIL ADDRESS:	

VAT NO:	REGISTRATION NO:
DATE STARTED TRADING	DATE COMPANY REGISTERED:
DELIVERY ADDRESS (If different from above)	
CONTACT NAME:	TELEPHONE NUMBER:
	EMAIL:

BUSINESS ACTIVITY (Please specify) _____

BILLING DETAILS

COMPANY TRADING NAME (If different from above)	
BILLING ADDRESS (If different from above)	
CONTACT NAME:	TELEPHONE: EMAIL

METHOD OF PAYMENT

CHEQUE		DIRECT DEBIT		BACS		OTHER (Please specify)
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WHOLESALE DIVISION MAGOWAN TYRES (NI) LTD

BANK DETAILS

NAME:	ADDRESS:
ACCOUNT NO:	SORT CODE:

REFERENCES

We will make searches with a credit reference agency, which will keep a record of those searches. We will not share information with other businesses unless you request us to do so.

I/We authorise you to take up references at any time from the trade sources listed below.

SIGNATURE:

COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
CONTACT TELEPHONE NO.	CONTACT TELEPHONE NO.
EMAIL:	EMAIL:

I/We have read, understood and retained a copy of your Terms and Conditions (including full retention of title clause). I/We agree to trade in accordance with these for any goods supplied. I/We confirm the above details are correct.

SIGNATURE (DIRECTOR/AUTHORISED SIGNATURE)

NAME (Please Print)

SIGNATURE:
DATE:

RETURN FORM. (please include copy letter head and company stamp showing full legal company name)

Email: Creditcontrol@magowantyres.co.uk.

POST: Magowan Tyres (NI) Ltd, 2 Houston Business Park, Doagh Road, Newtownabbey, Co. Antrim, N. Ireland, BT36. 5RZ.

CONTACT TELEPHONE: +44 (0) 2890 845031/032/033

OFFICE USE ONLY:	Date Received.	(NB)
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