

NAME OF BUSINESS	
REGISTERED ADDRESS OF BUSINESS INCLUDING POSTCODE	
TELEPHONE NO:	
MOBILE PHONE NO:	
FAX NO:	
CO. REGISTRATION NUMBER	
DIRECTOR / PARTNER NAMES	
INVOICE / ACCOUNTS ADDRESS (IF DIFFERENT FROM ABOVE)	
INVOICE / ACCOUNTS TELEPHONES NO. (IF DIFFERENT FROM ABOVE)	
ACCOUNTS CONTACT NAME	
ACCOUNTS CONTACT E-MAIL	
MONTHLY CREDIT REQUIRED	£

### TERMS AND CONDITIONS

*Payment terms are 30 days end of month*

*Manchester Breakdown Services Ltd reserves the right to suspend or withdraw credit facilities at any time*

*We may carry out a search using licensed online credit reference systems*

*Full terms and conditions are attached*

*No variation to standard terms will be accepted unless agreed in writing by the directors of Manchester Breakdown Services Ltd*

I/We certify that the above details are correct, and hereby accept that by signing

I/We agree to the trading and credit terms and conditions of Manchester Breakdown Services Ltd.

SIGNED \_\_\_\_\_

TITLE \* \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

*\* Director/Partner/Proprietor/Co. Secretary/Accountant*

### MANCHESTER BREAKDOWN SERVICES LTD USE ONLY

CREDIT LIMIT £ \_\_\_\_\_

REF CODE \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_