

APPLICATION FORM

Part 1

Please fax back to: 0207 703 3224

YES!



We wish to open an account with Camberwell Cars Ltd.

Company Name _____

Address _____

Telephone _____ Fax _____

Company e-mail address _____

Nature of Business _____

Ref. To be quoted _____ Password (numeric) _____

Number of years established _____ Amount of monthly credit required £ _____

Authorised Users _____ Print your full name _____

Position within the Company _____

Authorising signature _____ Date _____

APPLICATION FORM

Part 2

Please fax back to: 0207 703 3224



YES!

WE agree to pay Camberwell Cars Ltd within 30 days from the date of the invoice

We understand that a handling charge is imposed on the account

Camberwell Cars Ltd reserve the right to freeze accounts should payments be made outside the terms of this contract

Reference:

Bank Name _____

Bank Address _____

Signature _____ Date _____