



Link Central
Vehicle Management Ltd

THINK LINK – FOR FLEXIBLE CAR & VAN RENTAL

Account Application

Trading Name :	
Address :	
Post Code :	Type of Business:
Contact Name :	Tel No:
Position :	Email :

Accounts Contact:	Please provide following with application – (please Tick)
	Letterhead
Email:	Signed DD Mandate
	Insurance Policy

VAT Registration No:	
Company Registration No:	
Trading for – Years / Months	

References:	1 st Trade:
Bank:	
Address:	
	2 nd Trade:
Sort Code:	
Account No:	

Fleet Size	Who else supplies your Vehicles at the moment?
Cars	
Vans	

How do you obtain those vehicles? Purchase Contract Hire Flexible Rental

Acceptance of Terms/Date Protection (to be signed by authorised company signatory)

I/We agree to the company's standard credit terms which are 30 days net unless otherwise agreed in writing.
I/we understand and agree that occasional searches may be made with a credit reference agency who will keep a record of that search, including searches on principal directors. Information regarding the account may be monitored, recorded and shared with credit reference agencies and other companies and used for the purpose of credit assessment, marketing, fraud prevention and debt recovery.

Signed _____ Signed _____
 Print _____ Print _____
 Date _____ Date _____

For Office Use Only – Account No _____		Hotline _____
Terms (tick box)	Payment Method	Authorisation Code L _____
<input type="checkbox"/> Payment in Advance	<input type="checkbox"/> Direct Debit	Credit Limit £ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Bacs	Tel enquiry Ref E _____
	<input type="checkbox"/> Other _____	
Additional Information _____	MD Authorisation _____	

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