

CUSTOMER ACCOUNT APPLICATION



SECTION 1 - PERSONAL INFORMATION

Please fill in all mandatory fields marked *

First Name * _____

Last Name * _____

Telephone _____

Email _____

SECTION 2 - BUSINESS INFORMATION

Please fill in all mandatory fields marked *

Company Name * _____

Address * _____

City * _____ County _____

Post Code * _____ Telephone * _____

Email * _____

Company Registration No. * _____ VAT No. _____

SECTION 3 - NATURE OF YOUR BUSINESS

Please tick ONE or MORE boxes that best describes your business activities *

Distributor

Haulage

Import / Export

Mechanic

Motor Factor

Retail Online

Retail Store

Rescue & Recovery

Wholesale

Other

If other please specify the nature of your business * _____

SECTION 4 - SIGNATURE*

Please complete all sections of the application before signing the section below

Name _____

Date _____

Signature _____

SEND TO

Info@autosparesdirect.com

Or alternatively post to:

Autospares Direct
Kinetic Business Centre
Theobald Street, Elstree,
Hertfordshire
WD6 4PJ