



PLEASE FULLY COMPLETE APPLICATION FORM IN BLOCK CAPITALS IN BLACK INK AND FAX TO 0870 063 3060

CREDIT ACCOUNT APPLICATION FORM

Full Business Name

Trading Name (if different to above)

Address

.....

Post Code

Time at Current Address If less than 3 yrs; previous address

.....

Telephone Fax

Mobile Email

Company Type: LTD / Partnership* / Sole Trader* / Other (please state)

*(Partnership/Sole Trader please confirm full name) Date of Birth

Do you sell on the internet Y/N Please provide website information/link

About this Agreement

By signing this application, you confirm that:

- the details you have given are true and complete
- you have read and agreed to the Terms and Conditions of Sale of Bike-X

Home Address

.....

Applicant's Signature

Name

(in BLOCK LETTERS)

Date

Proprietor, Directors, Partners (full name and home address)

1.

..... Telephone

2.

..... Telephone

3.

..... Telephone



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Company Registration Number Date Established

Country of Registration Nature of Business

Parent / Holding Company Name & Registration No

.

Trade References (Please provide details of 2 Suppliers)

1.

. Telephone

2.

. Telephone

Bank Account Details

Name

Address

.

Account Name

Account No Sort Code

I hereby consent to the above providing references on me / us to Bike-X.
I certify that all the information detailed above is true of my / our knowledge.
I fully understand and accept the Terms & Conditions and Conditions of Sale contained within the Bike-X website.

Applicant's Signature Name
(in BLOCK LETTERS)

Date

OFFICE USE ONLY

Account Number:

Approved: Y / N

Signed: