



MOTOR FACTORS LTD

**ORDERS**

**TO ENSURE THAT THE CORRECT PARTS ARE SUPPLIED PLEASE MAKE SURE ALL THE RELEVANT INFORMATION IS GIVEN TO OUR STAFF.**

**EG.**

**YEAR – MAKE – MODEL – ENGINE SIZE – FUEL TYPE ETC. (or VRM Number).**

**RETURNS**

**ITEMS RETURNED TO PCS FOR CREDIT MUST BE ACCOMPANIED BY A RETURNS NOTE GIVING PART NUMBERS, DATE, INVOICE No. AND YOUR ACCOUNT NUMBER, OTHERWISE WE CANNOT PASS CREDIT.**

**ITEMS RETURNED TO PCS FOR CREDIT UP TO FOURTEEN DAYS WILL NOT BE SUBJECT TO ANY HANDLING CHARGE. AFTER 14 DAYS THERE IS A 20% HANDLING CHARGE WILL BE APPLIED.**

**ANY ITEMS RETURNED AFTER 30 DAYS WILL NOT BE ACCEPTED FOR CREDIT.**

**FAULTY GOODS**

**THESE ITEMS MUST BE ACCOMPANIED BY THE RELEVANT DOCUMENT NUMBER AND PART NUMBER. IF A LABOUR CLAIM IS TO BE SUBMITTED YOU MUST ALSO ATTACH THIS TO THE GOODS. LABOUR CLAIMS CANNOT BE RETROSPECTIVELY SUBMITTED AT A LATER DATE.**

**SPECIAL ORDERS**

**ITEMS OF WHICH WE DON'T HOLD IN STOCK CANNOT BE ACCEPTED FOR CREDIT, UNLESS OUR SUPPLIERS ARE PREPARED TO ACCEPT THEM BACK. THERE MAY ALSO BE A HANDLING CHARGE INCURRED.**

**ALL ITEMS RETURNED TO PCS MUST BE SIGNED FOR BY OUR DRIVERS!**

**C.O.D. ACCOUNTS**

**GOODS MUST BE PAID FOR ON RECEIPT. WE RESERVE THE RIGHT NOT TO LEAVE GOODS IF PAYMENT IS NOT RECEIVED.**

**WEEKLY ACCOUNTS**

**YOUR ACCOUNT MUST BE SETTLED ON THE DAY YOU ARRANGE WITH YOUR REPRESENTATIVE. WE RESERVE THE RIGHT TO PUT YOUR ACCOUNT ON STOP IF YOUR ACCOUNT IS NOT PAID UP TO DATE!**

**MONTHLY ACCOUNTS**

**MONTHLY ACCOUNTS ARE STRICTLY 30 DAYS FROM DATE OF STATEMENT. WE RESERVE THE RIGHT TO PUT YOUR ACCOUNT ON STOP IF PAYMENTS ARE NOT RECEIVED.**

**TO ENSURE ORDERS ARE SENT TO THE RIGHT PERSON YOU MUST ALWAYS QUOTE YOUR ACCOUNT NUMBER**

**ACCOUNT ON STOP MEANS NO GOODS UNTIL THE BALANCES ARE CLEARED.**

Office Use Only –

ACCOUNT NO. .... DATE ACCOUNT OPENED.....

REPS CODE ..... VAN RUN NO. ....

**PLEASE PRINT ALL DETAILS CLEARLY**

**In the case of a Ltd Company this application must be completed by the Managing Director/Senior Executive  
In the Case of a Partnership this application must be completed by the Senior Partner**

*Information required below is for PCS Use only and will not be passed to any third party other than  
for legal purposes*

**ALL DETAILS ARE REQUIRED.**

FULL NAME ..... DOB (If non-limited Company) .....

TRADING AS .....

TRADING ADDRESS .....

.....

..... POST CODE .....

Company Registration No. (If incorporated) .....

TELEPHONE NUMBER .....MOBILE.....

EMAIL ADDRESS:.....

HOME ADDRESS.....

.....POST CODE.....

**TWO TRADE REFERENCES (Where you currently hold a credit account)**

NAME ..... NAME.....

ADDRESS ..... ADDRESS.....

.....

TEL. .... TEL .....

**MONEY LAUNDERING REGULATIONS :**

To comply with money laundering regulations, we are legally required to verify all details given by you. This will be done via a Credit Checking Agency. To verify individual identities we require a copy of the account applicant's driving licence. Failure to provide this may result in delay and/or an account being refused. Please attach this to your application.

I AGREE TO THE TRADING TERMS AS OUTLINED OVERLEAF

SIGNATURE..... DATE .....