

If the business operates as a partnership or limited company	The name of the partnership or limited company: The registration number of the limited company (this is on the certificate of incorporation)
Trading name(s)	The name(s) under which the business operates:
Business address
Registered office address if you are a limited company
Manager/contact name for enquiries relating to the operation of this scheme.	Name Tel No.

Part B – Type of business carried out

Please tick the box(es) that apply to the operations carried out at this site	New car sales <input type="checkbox"/> Used car sales <input type="checkbox"/> Servicing <input type="checkbox"/> Repairs <input type="checkbox"/> Accident repairs/bodyshop <input type="checkbox"/> Sales of parts/accessories <input type="checkbox"/>
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Part C – Previous trading history

How long has the current owner operated in the motor trade? How long from these premises?
Does the business hold a current Consumer Credit Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give licence number:

