

Please use this form to open up a new account with NewCarLeads.co.uk to buy sales leads for new cars.

Dealership Details

COMPANY NAME _____
ADDRESS _____
POSTCODE _____
TELEPHONE () FAX NUMBER ()
YOUR NAME _____ JOB TITLE _____
YOUR EMAIL _____

This email address will also be used to access the lead management system at www.NewCarLeads.co.uk.

Invoice Payments

Credit terms (where available) are subject to acceptance and payment on receipt of invoice.

CONTACT NAME _____
EMAIL ADDRESS _____
PHONE NUMBER _____

Sales Lead Distribution

EMAIL RECIPIENTS _____

Please supply up to three email addresses that you would like sales leads to be sent to.

PASSWORD _____

Please supply a password that you will use to access the lead management system.

Signature

I/We understand that this application is to open a new account with NewCarLeads.co.uk. I/we agree to pay in accordance with these terms.

SIGNED _____

DATE / / 20 _____

Please complete this form and fax back to us at 0121 355 5597