



# FAX BACK APPLICATION FOR FACILITIES

Company/Trading Name:	
Registered Address:	
Trading Address: (If different from Registered Address)	
Phone:	Fax:
Email:	Web Address:
FSA firm ref no:	Contact Name/Principal:

**Declaration**  
I/We apply for facilities with Motor Trade Solutions Ltd. and declare that the information given above is correct.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Capacity of Signatory: Director:  Partner:  Sole Trader:

We need your account details for commission payments via BACS

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_\_

## HOW WOULD YOU LIKE TO DEAL WITH US? IT'S YOUR CHOICE

**Option 1:**  
**Become a BROKER PARTNER**  
See overleaf.

**Option 2:**  
**Become an AGENT**  
You deal with the client and collect all documentation, money etc. We invoice you for payment within 14 days of going on cover.

**FAX BACK – IT'S THAT EASY!**  
**08707 87 87 50**

Or post to: 4<sup>th</sup> Floor, Emerald House, 15 Lansdowne Road, Croydon, Surrey CR0 2BX



# FAX BACK BROKER PARTNER

## WHAT YOU GAIN

**COMMISSION**

7% (The same level as paid to standard Agents)

**CLIENT OWNERSHIP**

Retained by you indefinitely

**EXPERTISE**

We have over 10 years experience in Motor Trade Insurance

**PEACE OF MIND**

We will NOT contact your clients to sell alternative products

## WHAT YOU LOSE

**DEBT RISK**

We are responsible for the collection of all premiums

**MID NOTIFICATION**

We will submit all MID information

**ADMINISTRATION COSTS**

All administration of policies from the initial quote, issue of documentation, MTA's and renewals will all be dealt with on your behalf by us, freeing up your time to concentrate on your specialist areas.

# BROKER PARTNER EASY BUSINESS