



CREDIT APPLICATION

Please complete the following in BLOCK CAPITALS and fax back to us on 01844 238090

SECTION 1 – ALL APPLICANTS

Trading name:..... Nature of Business

SECTION 2 - LIMITED COMPANIES ONLY

Registered Office Address:.....
.....
.....

Postcode:..... Year Company Started:..... Registration No

Tel:.....Fax

E-Mail

SECTION 3 – NON LIMITED ONLY

Type of Organisation (Please Tick) Sole Trader Partnership Number of Years Trading

Name(s)

Home Address of Owner/Senior Partner

.....Postcode

Telephone.....Fax

E-Mail

SECTION 4 - ALL APPLICANTS

VAT Registered? Yes..... No..... If Yes, VAT Registration Number

Invoice/Statement Address (if different from Section 2 or 3)
.....
.....

..... Postcode

Telephone

Fax

E-Mail

SECTION 5 - ALL APPLICANTS

1. Trade reference 2. Trade reference
.....
.....
.....
Telephone..... Telephone.....
Bank Account No Sort Code.....
Account Name Bank Name.....
Address

SECTION 6 – ALL APPLICANTS

It is the **Hirers** responsibility to Insure plant. **Please see our Terms and Conditions of Hire.** Please provide details of your Insurance Policy as follows:-

Name of Insurer
Policy Number Expiry Date
Sum Insured for Loss/Theft of Plant Policy Excess

I/We Accept and agree to comply with your 30 day net payment terms and Terms and Conditions shown overleaf. I/We give consent for a Credit Search to be made on the owners/directors of this organisation both now and at any future date. I/We understand that this search will be recorded by the Agency and may be disclosed to subsequent enquirers.

Signature Position

PRINT NAME Date