



APPLICATION FOR CREDIT ACCOUNT

To apply for an account please fill out the fields below
Once we receive your application, we will contact you within 3 days

Full Trading Name:

Invoice Address:

 Address for statements:
(if different)

Home Address:

Telephone: Fax:

Accounts department Tel: Contact Name:

Company Information

Business Activity:

Legal Status: Limited Company Sole Proprietor
(please tick) Sole Proprietor Name:

Partnership Partners Name 1:

Partners Name 2:

Company Registration Number: Vat No:

REFERENCES

Bank Name: Account Number:

Address: Sort Code:

P/Code:

Trade References:-

1. Name: 2. Name:

Address: Address:

Do you hold hired in plant insurance ? YES NO

CREDIT REQUESTED

Amount of credit required per month: £

I/We apply for a credit account service subject to your standard conditions of hire (available upon application). Signed: _____

Name: _____

Date: _____ Email: _____

Internal Use

Credit Agreed

Date: _____

Amount: £

Signed: _____