

Application for a 30-Day Credit Account

1. Company Details

Company Name:	Invoice Address: (If different from registered Address)
Registered Office Address:	
Post Code:	Post Code:
Telephone No:	Telephone No:
Email Address:	Email Address:
Vat No:	
Company Reg No:	

Please delete as appropriate, Are you a Limited Company, Partnership or Sole Trader	
If this is not a limited company, please state the name & home address of principal.	Name of the person responsible for paying your suppliers accounts
Name:	Name:
Address:	Telephone Number:
Post Code:	Email Address:

2. Trade References

Please supply two trade references including their telephone and email address in full	
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone No:	Telephone No:
Email Address:	Email Address:

3. Bank Account

Please complete your bank details	
Bank:	
Branch Address:	
Account Number:	
Sort Code:	

Britannic House, Lyndhurst Road, Ascot, Berkshire, SL5 9ED
T: 01344 577 644
www.hire-depot.com

4. Insurance Details

Policy Number: Policy Type: Insurance Company: Expiry Date: Contact: Telephone / Email Address:
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5. Credit limit

Monthly Credit Limit Required:

6. How did you hear about us?

<ul style="list-style-type: none"> <input type="radio"/> Internet <input type="radio"/> Social Media <input type="radio"/> Sales Representative <input type="radio"/> Local Advertising <input type="radio"/> If none of the above please specify.....

When this application form has been completed in full, please return or fax it back to us on 01344-623398, to enable us to deal with your application promptly, please use the check list below to ensure you have provided all the necessary information:

- | | | |
|----|--|--------|
| 1. | Fax numbers for your two trade references | YES/NO |
| 2. | A Sample of your company letterhead paper | YES/NO |
| 3. | A Copy of your current insurance certificate that covers hired Plant & Tools | YES/NO |
| 4. | All sections of the application form have been completed | YES/NO |

Declaration

I hereby agree to comply with your Terms & Conditions and the CPA Terms and Conditions (attached with this document) and shall abide by your credit terms, which are Nett 30 days from date of invoice.

Signed By _____ Print Name: _____ Position: _____

Office use only

Trade Ref # 1	Insurance Details
Trade Ref # 2	Expiry Date
Credit Limit	Account Approved By
Account Number/Reference	