



Trade Credit Account Application Form

Date:

Company Details

Company Name:
Trading Address: Postcode:
Tel No: Email: www.
Company Type: Date Business Established:
Company Registration No.: VAT No.:

Trading References x2

1 - Company Name: 2 - Company Name:
1 - Contact: 2 - Contact:
1 - Tel No.: 2 - Tel No.:

Credit Limit

Credit Limit Applied For:

Accounts Dept Details

Accounts Contact Name:
Accounts Contact Tel No.:
Accounts Contact Email:
Invoice by Email: YES NO Email Address:
Statements & Remittances Email Address:

In applying for credit facilities, we agree to the terms and conditions offered by the Company, including payment strictly 30 days month end following date of invoice. Any queries or disputes of invoices are to be made in writing within 10 days of date of invoice. I/We believe the above information given to be full and correct.

Signed (Must be a Director):
Name in Capitals:
Position: Date:
Tel No.: Email:

Please return this form by email and include a copy of your Hired In Plant Insurance

IT IS A CONDITION OF OUR HIRE AGREEMENT THAT THE HIRER HAS VALID HIRED IN PLANT INSURANCE TO A MINIMUM VALUE OF £45,000