



CREDIT APPLICATION FORM

Head Office/ Addlestone Depot
2A Woodham Lane,
New Haw, Addlestone,
Surrey KT15 3NA
Tel: 01932 847469
Fax: 01932 325414

Epsom Depot
186 Kingston Road,
Epsom,
Surrey KT19 0SF
Tel: 020 8394 0456
Fax: 020 8394 2631

Heathrow Depot
138-140 Staines Road,
Feltham,
Middlesex TW14 9ED
Tel: 020 3078 7855
Fax: 020 3070 0478

Business / Trading Name
Business Type: Plc [ ] Ltd [ ] Partnership [ ] Sole Trader [ ]

Details of People Authorised to Place Orders:
Name:
Position:
Name:
Position:
Is a Purchase Order No Required? Yes / No

Business Address:
Post Code
Credit requested

Main Tel No:
Accounts Tel:
Mobile No:

Are any of the directors, owners or partners in this business an un-discharged bankrupt? Yes/No
Have any of the directors, owners or partners held any other credit accounts with us? Yes/No
If so, please provide account name(s):

Ltd / Plc Companies Only:
Company Registration No: Date of Incorporation:
Directors Name:
Home Address:
Post Code:
Directors Name:
Home Address:
Post Code:

## Sole Traders / Partnerships Only

Proprietor / Partner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Proprietor / Partner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ DOB: \_\_\_\_\_

### Name of People Authorised To Make Payment & Co Bank Details:

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

Direct No: \_\_\_\_\_

Email: \_\_\_\_\_

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

Direct No: \_\_\_\_\_

Email: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Sort Code: \_\_\_\_\_ Branch: \_\_\_\_\_

Acc No: \_\_\_\_\_

Trade Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Current Credit Limit: \_\_\_\_\_

Trade Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Current Credit Limit: \_\_\_\_\_

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.

**Must be signed by a director, partner or proprietor of the business**

ATTACH A COPY OF YOUR HIRED IN PLANT INSURANCE WITH THIS FORM

or

REQUIRE OUR HIRE GUARD INSURANCE

I would like to receive special offers by email from SHS yes  no

If you wish to stop receiving special offers from us, you will be able to do so by sending an email to [s.dormer@surreyhire.co.uk](mailto:s.dormer@surreyhire.co.uk) with subject STOP SPECIAL OFFER EMAIL

Signed: ..... Print Name: ..... Date: .....