

**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/NoIf 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: \_\_\_\_\_



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

**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. In the event that the applicant is unable to meet its liability in respect of monies owed to Surrey Hire & Sales Ltd as and when they fall due, the applicants' directors accept that they shall be personally, jointly and severally liable in respect of those monies.  
**Must be signed by a director, partner or proprietor of the business**

**INSURANCE (it is required your choice for the below)**  
YOU REQUIRE OUR HIRE GUARD INSURANCE   
YOU HAVE YOUR OWN HIRED IN PLANT INSURANCE  (Email a copy of your hired in plant insurance with this application form)

PLEASE ATTACH A COPY OF THE DRIVING LICENCE OF THE BELOW PERSON   
**MUST BE SIGNED BY A DIRECTOR, PARTNER OR PROPRIETOR OF THE BUSINESS**

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