

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: _____



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

INSURANCE
DO YOU REQUIRE OUR HIRE GUARD INSURANCE
WE HAVE OUR OWN HIRED IN PLANT INSURANCE (Please email us a copy of your hired in plant insurance)

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: