 **Credit Application Form**

Depot Date

Please complete in BLOCK LETTERS Name of person authorised to open this

account

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Business Name** | | | | | | |
| *(if not a limited company, section 2 MUST be completed)* | | | | | | |
| **Section 1** | | | | | | |
| Trading Name: | |  |  | Nature of Business: | |  |
| Registered Office Address: | | | | | | |
| Company Registration No: | | | | | | |
| Tel No. (inc. STD code): | | |  |  | Year Business Started: | |
| Invoice / Statement Address: | | | | | | |
| Tel No. (inc. STD code): | | |  | Fax No: |  |  |
| Statement Required |  | : YES/NO |  | E-Mail Address: | |  |
| **Section 2** | | | | | | |
| Non-Limited Business | | | | | | |
| Type of Organisation: | | | Sole Trader |  | Partnership | |
| Name: |  |  |  |  |  |  |
| Home Address of Owner / Partners: | | | | | | |
| Years at Present Address: | | | Telephone Number (inc. STD code): | | |  |
| **Section 3 (Not Required if Transport Only Account)** | | | | | | |
| **INSURANCE:** | | Do you hold Insurance for Hired in Plant? | | | \* YES / NO | |
| Insurance Company Name: | | |  |  | Broker Tel No. (inc STD code): | |
| Policy Number: | |  |  |  | Expiry Date: |  |
| Limit Per Item: | |  |  |  | *\* if yes, Please supply policy schedule.* | |
| Name, Address, Telephone No. & Fax no. Trade References (inc. STD code): | | | | | | |
| 1. | ……………..……………………………………………………………………………………………………………… | | | | | |
| 2. | …………...…..…….……………………………………………………………………………………………………… | | | | | |
| Are Order Numbers Required: | | | Yes / No |  |  |  |
| **Bank Details:** | |  | Account Name: | | ………………………………………………………….. | |
| Name & Address: | | ………………………………………………………………………………………………………………… | | | | |
| Sort Code: ………………… | | | Account Number: | | ………………………………………………………….. | |
| **This Account will not be opened without letterhead / compliment slip** | | | | | | |
| I / We accept and agree to comply with your nett monthly payments terms | | | | | | |
| (unless otherwise agreed in writing) | | | | | | |
| I / We give My/ Our consent to a credit search being made on Me / Us as owner / Partner(s) or Director(s) of | | | | | | |
| this organisation both now and at any future date. I understand this search will be recorded by the agency | | | | | | |
| For limited companies, we the undersigned being a director of the company jointly and severally guarantee performance of all the company’s financial obligations to Buckhurst Plant Hire Limited and are hereby bound by their standard Terms and conditions. | | | | | | |
| Signatures & Position in Organisation: | | | ………………………………………………………………………………………. | | | |
| Date: | …………………………………………… | | | Credit Amount Required: | | …………………………… |
| **Administration Use Only** | | | | | | |
| **Account No:** |  | **Credit Limit:** | |  | **Date:** | **Processed By:** |

**Returning your Credit Application Form**

Once completed, please return this form as well as a copy of your up to date hired in plant insurance and a copy of your company letterhead to [Keilli.Lee@spartanes.co.uk](mailto:Keilli.Lee@spartanes.co.uk).

If you have any questions, please ring the office.