



APPLICATION FOR CREDIT FACILITIES FOR PARTNERSHIPS AND SOLE TRADERS

Please return to:

HIRE STATION, FIELDS FARM ROAD, LONG EATON, NG10 3FZ TEL; 0115 9737400 FAX: 0115 9460890

Customer Details

| | | | |
|-----------------|----------|---------------------------|-------|
| Name | _____ | Invoice/Statement Address | _____ |
| Trading Address | _____ | | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| | _____ | Postcode | _____ |
| | Postcode | | _____ |
| Tel | _____ | Tel | _____ |
| | _____ | Fax | _____ |
| Fax | _____ | VAT No | _____ |
| | _____ | Nature of business | _____ |
| E-mail | _____ | Insurance company | _____ |
| Mobile | _____ | | _____ |

Bank Details

| | | | |
|--------------|-------|--------------|-------|
| Bank | _____ | Account name | _____ |
| Address | _____ | Account no | _____ |
| Telephone No | _____ | Sort code | _____ |

Full Names(s) of owner/partners and home address

| | | | |
|------|-------|---------------|-------|
| Name | _____ | Address | _____ |
| | _____ | | _____ |
| | _____ | Date of birth | _____ |
| | _____ | Date of birth | _____ |

NB: If less than two years at this address, please state previous address.

Trade References

| | | | |
|--------------|----------|--------------|----------|
| Name | _____ | Name | _____ |
| Address | _____ | Address | _____ |
| | _____ | | _____ |
| | Postcode | | Postcode |
| | _____ | | _____ |
| Contact Name | _____ | Contact Name | _____ |
| Tel | _____ | Tel | _____ |
| Fax | _____ | Fax | _____ |

Credit - Our terms require that payment be made by the end of the month following invoice.

Will you be trading with us on a regional or national basis. Please delete as appropriate: Regional / National

Credit Limit Required _____

Damage Waiver

Damage waiver cover required Yes / No

I acknowledge Receipt of the Terms and Conditions of Hire which will apply in all future transactions unless agreed in writing by a Company Director and confirm I have authority to open this account.

| | |
|----------|-------|
| Signed | _____ |
| Print | _____ |
| Position | _____ |
| Date | _____ |

In accordance with the Data Protection Act 1998 I/we confirm that I am/we are the above named individuals or have their consent to provide you with the above information insofar as it comprises personal data and consent to you processing that, and any other information which comes into your possession during the period in which this account is running. I understand that in the course of opening and running the account you will obtain further personal data from and may disclose personal data to third parties (including reference agencies) for the purpose of running your business and accounts management. I consent to that processing.

If a national account is required, an account will be set up with each of the companies set out above and our trading terms will be binding for transactions with all those companies. If a regional account is required it will only be set up with the company in that region. The hire contract and invoices will specify the supplying company .

For Office Use Only

| | | | |
|----------------------|-------|---------------------|-------|
| Originating Depot | _____ | G D R | _____ |
| Sales Representative | _____ | S D F | _____ |
| Comments | _____ | Account No | _____ |
| | _____ | Date Opened | _____ |
| | _____ | Credit Check Rating | _____ |
| | _____ | Credit Limit Given | _____ |
| | _____ | Authorised by: | _____ |
| | _____ | Print Name: | _____ |