

CREDIT APPLICATION FOR A BUSINESS ACCOUNT



BUSINESS CONTACT INFORMATION

Company name		Date business commenced	
Phone		<input type="checkbox"/> Sole proprietorship	
Fax		<input type="checkbox"/> Partnership	
Mobile		<input type="checkbox"/> Corporation	
E-mail		<input type="checkbox"/> Other	
Invoice address		Registered company address	
Directors/partners	1. 2.	Company registration number	
Private addresses	1. 2.	VAT number	

BANK DETAILS

Bank name		Account name	
Address		Account number	
Phone		Sort code	

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
Post code		E-mail	
Company name		Phone	
Address		Fax	
Post code		E-mail	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Chiltern Hire Centre Ltd to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	