

IPROHIRE

WHERE YOU CAN HIRE ALMOST ANYTHING

CREDIT APPLICATION FORM

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: _____

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 I Pro Hire 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 HIRESECURE 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: