Credit Application Form

Full Trading Name:

Trading Type (please select one): **Limited** **Partnership** **Sole Trader**

Registered Office Address: Postcode:

Company Registration No.: VAT Registration number:

Limited Company Representative/Sole Trader/Partner no. 1

Full Name:

Home Address:

Postcode: D.O.B:

Tel: Email:

If a Ltd Company, please provide Managing Directors Name:

Managing Directors Name:

Partner no. 2 (please ignore if a Sole Trader or Ltd Company)

Full Name:

Home Address:

Postcode: D.O.B:

Tel: Email:

Date Business Established:

Type of Business:

C.A.R/ Plant Insurance Policy No.:

Insurance Broker:

Tel: Email:

Bank Details

Bank Reference:

Bank type (please select): Bank Building Society

Address:

Postcode: Sort Code:

Account Name: A/C:

Accounts Payable Contact

Name:

Tel: Email:

(PLEASE ATTACH COPY OF INSURANCE POLICY & COMPANY LETTERHEAD)

Trade Reference 1

Name:

Address:

Postcode: Tel:

Email:

Trade Reference 2

Name:

Address:

Postcode: Tel:

Email:

Please accept this form as my/our application for a credit account Credit Limit required:

I/We give my/our consent to a credit search being made on me/us as owner/partner or director of this company both now and at any future date. I/we understand this search will be recorded by the agency and maybe disclosed to subsequent enquirers.

PAYMENT TERMS ARE STRICTLY 30 DAYS FROM DATE OF INVOICE

Signed: **Print:** **Date:**

Signed by (please select one): **Director** **Partner** **Owner**

Eveready Hire Ltd. regulate CPA's Terms & Conditions (T&Cs).

To read our full T&Cs, please visit the Downloads page on our website.