



Credit Application Form

Full Trading Name:

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

Registered Office Address:

Post Code:

Company Registration No.:

VAT Registration number:

Managing Directors Name:

Sole Trader or Partnership please complete the following: If a Ltd Company please supply a Director's name.

Sole Trader	Partner no. 1	Director	Partner no. 2
Full Name:			Full Name:
Home Address:			Home Address:
Post Code:			Post Code:
Telephone:		D.O.B:	Telephone: D.O.B:
Date Business Established:			Bank Reference:
Type of Business:			Bank type (please select): Bank BS
Payments Contact:			Address:
C.A.R/ Plant Insurance Policy No.:			Post Code:
Insurance Broker:			A/C: Sort Code:
Telephone:			Name of Account:
Email:			

(PLEASE ATTACH COPY OF INSURANCE POLICY & COMPANY LETTERHEAD)

Trade Reference 1	Trade Reference 2
Name:	Name:
Address:	Address:
Post Code:	Post Code:
Telephone:	Telephone:
Email:	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.