

APPLICATION FORM FOR CREDIT – (LIMITED COMPANY)

1) Full Company Nam	e	
2) Registered Office		
Company Registration	No	
Tel No		Fax No
Email Address		
Contact for Payment		
4) Trade References		
Name		
Tel No	Fax No	Email
Name		
Tel No	Fax No	Email
5) Hired In Plant Insu	rance Details (please prov	vide a copy)
Company Name		
Policy No		Expiry Date
6) Bank Details		
Name		
Address		
Sort Code		Account No
8) Please Attach Comp		The little of the latest and the lat
9) Please Supply a cop	y of your most recent au	dited Profit & Loss Account and Balance sheet
Directors Signature		Date
	Plant Ltd will be carried out unde	 er C.P.A model conditions of hire copy available on request.
Originated By: Depot:		Name:
We will make a search	with a credit reference age	ency, which will keep a record of that search and
will share that informa	tion with other businesses	Payment terms are 30 days nett monthly.



