

COMPANY NAME:											
INVOICE/STATEMENT ADDRESS:          INVOICE PREFERENCE? :      EMAIL / POST	LIMITED CO.? <b>YES/NO</b> REGISTERED OFFICE: (IF DIFFERENT)          <div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 5px; text-align: center;">                     COMPANY REGISTRATION NO.                 </div> DIRECTOR(S) NAME(S) <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;">1.</td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td>2.</td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td>3.</td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> <tr><td>4.</td><td style="border-bottom: 1px solid black; height: 15px;"></td></tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">YEAR ESTABLISHED:</td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> </table>	1.		2.		3.		4.		YEAR ESTABLISHED:	
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**SOLE TRADERS/PARTNERSHIPS ONLY**

NAME:	NAME:
HOME ADDRESS:	HOME ADDRESS:
MOBILE NO.:	MOBLE NO.:

**BANK DETAILS**

BANK NAME:	ACCOUNT NO.:
ADDRESS:	SORT CODE:

**TRADE REFERENCES**

REF. 1	REF. 2
NAME:	NAME:
ADDRESS:	ADDRESS:
TELE. NO.:	TELE. NO.:
FAX NO.:	FAX NO.:

<b>MONTHLY CREDIT REQUIRED</b>	
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- Accounts are payable by the **30<sup>th</sup>** of the month following month of invoice.
- Credit facilities will only be granted upon the receipt of satisfactory references.
- We reserve the right to withdraw credit facilities if the account becomes overdue or the monthly credit limit is exceeded.

**I, MR/MRS/MISS (FULL NAME)**

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**DIRECTOR/PARTNER/SOLE TRADER of (COMPANY)**

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**AGREE THAT ALL TRANSACTIONS OF HIRE OR SALE ARE SUBJECT TO YOUR HIRE/SALE TERMS AND CONDITIONS. I AGREE TO SETTLE THE ACCOUNT IN ACCORDANCE WITH YOUR TERMS, AS STATED ABOVE.**

<b>SIGNATURE:</b>	
<b>PRINT:</b>	
<b>DATE:</b>	

**PLEASE RETURN COMPLETED FORM, BUSINESS LETTER HEAD AND A COPY OF YOUR HIRED-IN INSURANCE POLICY TO:-**

**CREDIT CONTROL  
FAX NO.: 01384 486204**

**THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE REQUESTED DOCUMENTATION**