

CREDIT/CASH APPLICATION FORM

BUSINESS CONTACT INFORMATION					
Title	Date b	usiness commenced			
Company name	□ Sole	□ Sole proprietorship			
Phone	Part	tnership			
E-mail	🗆 Lim	ited			
Registered company address City, County, Postcode	□ Oth	er			
Registered Trading address	What t	type of account?	🗆 Cash		
City, County, Postcode			□ Credit		
Company Registration Number (If applicable)					
VAT Registration Number (If applicable)					
DIRECTOR AND CREDIT INFORMATION					
Home address	Bank na	ame:			
City, County, Postcode					
How long at current address?		usiness address			
		unty, Postcode			
Phone	Phone				
Fax	Accoun	t number			
E-mail	Sort co	de			
BUSINESS/TRADE REFERENCES (ONLY IF APPLYING FOR A CREDIT ACCOUNT)					
Company name	Phone				
Address	Fax				
City, County, Postcode	E-mail				
Type of account	Other				
Company name	Phone				
Address	Fax				
City, County, Postcode	E-mail				
Type of account	Other				
AGREEMENT					

1. All invoices are to be paid 30 days from the date of the invoice.

2. If cash account, all hires must be paid in full before commencement of hire.

3. Claims arising from invoices must be made within seven working days.

4. By submitting this application, you authorize Flawless Plant Hire to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES				
Signature		Signature		
Name and Title		Name and Title		
Date		Date		

Please return this form to <u>sales@flawlessplanthire.co.uk</u> along with driving license or passport and a utility bill or bank statement showing proof of address.