



CREDIT ACCOUNT APPLICATION Please FAX back to 01942 260952



This PDF form can be filled in ON SCREEN. Alternatively print it out and complete it the old fashioned way

1. Click on the lines to type your entries. 2. Print out the form and sign it. 3. Fax or post or scan & email back to us along with your company letterhead and list of authorised signatories. **NOTE: The completed or partial form can NOT be saved on your computer.**

HOW DID YOU FIND US: please click /tick one box

Internet Rep. rep name : _____ Other : _____

WHICH DIVISION ARE YOU MOST LIKELY TO USE FIRST: please click /tick one (or more) box

Cooling Heating Access Sales Tools Training

COMPANY DETAILS

Company Registered Name : _____ Trading Name : _____

Address : _____ Postcode: _____

Tel: _____ Fax: _____ Email: _____

Registered Company Address (if different from above)

Address : _____ Postcode: _____

Company Reg. No. : _____ V.A.T. Reg. No. : _____ Type of Business : _____

Year Commenced Trading : _____ No. of Employees : _____ **MONTHLY CREDIT REQUIRED : £** _____

CONTACT NAMES & DETAILS

Buyer : _____ Tel : _____ Email : _____

Accounts : _____ Tel : _____ Email : _____

NOTE: For 30 day credit accounts we require:

**A current letterhead showing Co. Reg. No. , List of authorised signatories
1) Two credit references, 2) Bank details, 4) Details of insurance**

1) CREDIT REFERENCE OR TRADE INVOICE Name : _____ Tel : _____ Fax : _____

Address : _____ Postcode: _____

CREDIT REFERENCE OR TRADE INVOICE Name : _____ Tel : _____ Fax : _____

Address : _____ Postcode: _____

3) BANK DETAILS Bank name : _____ Account name : _____

Bank Address : _____

Sort Code : _____ Account No. : _____

I hereby give permission for Astley Hire to request information regarding our business from our Bank and any Credit Reference Agencies, and also agree to Astley Hire's Conditions of Hire & Terms of Payment. (Must be signed by Company Secretary or Director)

Print name: _____

Signed : Date: _____ Position: _____

4) INSURANCE DETAILS Insurance of equipment is the Customer's responsibility, please list the policy details which cover equipment.

NOTE: For Powered Access equipment hire. This condition is not applicable if you take advantage of Astley Hire's "Access Guard" insurance alternative.

Insurance Company : _____ Broker : _____

Policy No. : _____ Expiry Date : _____ Limit of Indemnity : _____

PARTNERSHIP / SOLE TRADER DETAILS If Partnership or Sole Trader please give home addresses and telephone numbers.

Name : _____ Tel : _____

Address : _____ Postcode: _____

Name : _____ Tel : _____

Address : _____ Postcode: _____