|  |
| --- |
| **CONTACT INFORMATION** |
| YOUR NAME |  | TITLE |  |
| EMAIL |  | PHONE |  |
|  |
| **BUSINESS INFORMATION AS REGISTERED** |
| COMPANY NAME |  |
| ADDRESS |  | PHONE |  |
| CITY |  | COUNTY |  | POST CODE |  |
| LENGTH OF TIME AT CURRENT ADDRESS: \_\_\_\_\_\_ YEARS \_\_\_\_\_\_ MONTHS |
| TYPE OF BUSINESS : SOLE TRADER | PARTNERSHIP | LTD | CORPORTATION | OTHER |
| REGISTRATION NUMBER |  |
|   |
| BANK INFORMATION |
| BANK NAME |  | CONTACT NAME |  |
| ADDRESS |  | PHONE |  |
| CITY |  | COUNTY  |  | POST CODE |  |
| SORT CODE |  | ACCOUNT NUMBER |  |
|  |
| BUSINESS REFERENCES |
| Please provide us at least three other companies your business has established credit with previously. |
|  |
| 1 | COMPANY |  | CONTACT NAME |  |
| PHONE |  | EMAIL |  |
| ADDRESS |  | TITLE |  |
| CITY |  | COUNTY |  | POST CODE |  |
| COMMENTS |  |
|  |
| 2 | COMPANY |  | CONTACT NAME |  |
| PHONE |  | EMAIL |  |
| ADDRESS |  | TITLE |  |
| CITY |  | COUNTY |  | POST CODE |  |
| COMMENTS |  |
|  |
| 3 | COMPANY |  | CONTACT NAME |  |
| PHONE |  | EMAIL |  |
| ADDRESS |  | TITLE |  |
| CITY |  | COUNTY |  | POST CODE |  |
| COMMENTS |  |
|  |
| WHAT CREDIT LIMIT ARE YOU LOOKING FOR? |
|  |
| CREDIT AGREEMENT |
| 1 | All invoices must be paid within 30 days of the date issued.2 | Any claims regarding an invoice issued must be made within 7 days of the date issued.3 | You authorize inquiries into the banking and business references provided within this application.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account customers must ensure that suitable insurance cover provides for losses arising from fire, theft, misuse and vandalism. If you have your own hired in plant insurance please supply copy of hired in plant insurance cover note with application.A | I have my own Insurance cover, which the details are provided.  - *If yes please complete section (3)*OR - Alternatively Crestmoor Plant & Tool hire can offer Insurance per contract at 15% of hire charge.B | Please add hire guard insurance to our account.  - *If yes please complete section (4)*        |
|  |
| COMPANY REPRESENTATIVE SIGNATURE |
| NAME |  |
| POSITION |  |
| SIGNATURE |  | Date |  |
|  |
| CRESTMOOR GROUP REPRESENTATIVE SIGNATURE |
| NAME |
| POSITION |  |
| SIGNATURE |  | Date |  |
| SECTION 3 |
| POLICY NUMBER |  |
|  |
| FINANCIAL INFORMATION |
| LIMIT OF INDEMNITY £ |  |
| EXCESS £ |  |
|  |
|  |
| SECTION 4 |
|  |
| (1) ANY LOSSES/DAMAGE (INSURED OR NOT INSURED) TO HIRED EQUIPMENT IN THE LAST THREE YEARS? Please circle. |
| Yes | No |
|  |  |
| Period | Accidental Damage Losses | Malicious Damage Losses | Theft Losses | Fire Losses |
| Last 12 Months | 3 | 2 | 1 |  |
| Prior 12 Months |  |  |  |  |
| Prior 12 Months to that |  |  |  |  |
| Anticipated annual hire income from this customer relevant to Hire Guard £? |  |
| APPLICATION SIGNATURE REQUIRED |
| Applicant Signature – Please sign, hire guard application will be submitted if required. |  |