



TOOL & EQUIPMENT HIRE, SALES & TRAINING

Credit Account Application (30 Day)

Please Enclose a Copy of your Company Letterhead Together with a Copy of Your Current Hired In Plant Insurance



TOOL & EQUIPMENT HIRE, SALES & T

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Section One		To Be Completed By Limited / PLC Companies	
Full Trading Name			
Trading Address			
Telephone Number		Company Registration Number	
Fax Number		Number of Employees	
Email Address			

Registered Office Address (if different from above)			
Parent Company Name (if applicable)			
Parent Company Registration Number			
Registered Office Address			
Telephone Number		Fax Number	
Email Address			

Section Two		To Be Completed By Non-Limited Companies / Partnerships / SoleTraders	
Full Trading Name			
Trading Address			
Telephone Number		Company Registration Number	
Fax Number		Number of Employees	
Email Address			

Details of all Proprietors / Partners			
1st Applicant Full Name		Date of Birth	
Address			
Telephone Number		Fax Number	

2nd Applicant Full Name		Date of Birth	
Address			
Telephone Number		Fax Number	

3rd Applicant Full Name		Date of Birth	
Address			
Telephone Number		Fax Number	

Credit Check	<i>I Authorise a Personal Credit Check to be Carried Out (Please Tick to Confirm)</i>	<input type="checkbox"/>
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Section Three		What do you Anticipate Hiring? (please tick all required)	
Tools	<input type="checkbox"/>	Lifting	<input type="checkbox"/>
Plant	<input type="checkbox"/>	Survey	<input type="checkbox"/>
Access	<input type="checkbox"/>	Accommodation	<input type="checkbox"/>
		Anticipated Monthly Spend	£ <input type="text"/>

Section Four		Trade References	
1st Trade Reference		<input type="text"/>	
Address	<input type="text"/>		
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>		

2nd Trade Reference		<input type="text"/>	
Address	<input type="text"/>		
Telephone Number	<input type="text"/>	Fax Number	<input type="text"/>
Email Address	<input type="text"/>		

Section Five		Invoicing / Billing	
Will Invoices Without Order Numbers Be Processed?	Yes	<input type="checkbox"/>	No
Example of Order Number (if applicable)	<input type="text"/>		
Would you Prefer Email Billing?	Yes	<input type="checkbox"/>	No
Email Address for Email Billing (if applicable)	<input type="text"/>		

Section Six		Additional Services - One Stop Services Group	
Would you like to receive any additional information about the services we can provide? (Please Tick)			
One Stop Safety Training Solutions		<input type="checkbox"/>	
One Stop Direct - Equipment Sales		<input type="checkbox"/>	
One Stop Direct - Equipment Repair Service		<input type="checkbox"/>	

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