



Plant & Tool Hire Centres Ltd.

Head Office/Depot 1:
253/255 Blackfen Road,
Blackfen, Kent DA15 8PR
Tel: 020 8850 5658
Fax: 020 8859 4377
Fax Accounts: 020 8859 6553

Depot 2:
78 Blackfen Road,
Blackfen, Kent DA15 8SW
Tel: 020 8850 9000
Fax: 020 8859 8595

ACCOUNT APPLICATION FORM

Company details.

Company name:

Address:

Postcode:

Tel No:

Fax No:

Vat No:

Reg No:

Sales contact name:

Accounts contact name:

Accounts Tel No:

Type of business:

Date business established:

Monthly credit required: £

Authority to supply? Official order or

Telephone order No.

Please supply two trade references with contact details, and with whom you have been trading for at least 12 months.

Please give telephone and fax numbers if application is urgent.

Trade reference 1

Company name:

Address:

Postcode

Account No.

Contact name:

Tel No:

Fax No:

Trade reference 2

Company name:

Address:

Postcode

Account No.

Contact name:

Tel No:

Fax No:

PAYMENT TERMS (30 DAYS NETT)

Bank details:

Bank name:

Address:

Sort code:

Account No:

If you are **NOT** a Limited Company, please give full name, date of birth, and address of all Partners/Proprietors.

Name:

D.O.B.

Address:

Name:

D.O.B.

Address:

Name:

D.O.B.

Address:

In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention.

Declaration:

1) All particulars herein are correct to the best of my/our knowledge and belief.

2) I/We confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.

3) I/We acknowledge that HAE terms and conditions of hire & sale will apply. (On reverse of this form)

4) I/We the hirer, accept responsibility for insurances of plant against all risk.

5) I am a person authorised to make this application on behalf of the Company/Firm.

Signed:

Printed Name:

Position:

Date:

PLEASE RETURN SIGNED ORIGINAL WITH A SAMPLE OF HEADED PAPER TO:

**PSM Plant & Tool Hire Centres Ltd,
253-255 Blackfen Road, Blackfen, Kent DA15 8PR**