



Head Office
253-255 Blackfen Road
Blackfen
Kent
DA15 8PR

Trade Credit Account Application Form

Payment Terms - 30 DAYS NETT

Company Details:

Company Name:		
Address:		
Phone:	Fax:	Email:
Company Type:		Date Business Established:
Company Registration Number:		VAT Number:
Sales Contact Name:	Sales Tel No:	Sales Email:
Accounts Contact Name:	Accounts Tel No:	Accounts Email:
Invoice/Statement by Email: Yes No		Email:

Credit Limit

Monthly Credit Required: £
Authority to supply? Official order No / No order No. required.

Please supply two trade references with contact details, and with whom you have been trading for at least 12 months.
Fax number and/or email address **MUST** be provided.

Trade Reference 1

Company Name:
Address:
Account No:
Contact Name:
Tel No:
Fax No:
Email:

Trade Reference 2

Company Name:
Address:
Account No:
Contact Name:
Tel No:
Fax No:
Email:

Bank Details

Bank Name:	
Address:	
Sort Code:	Account No:

Ltd/Plc Companies

Directors Name:
Home Address:
Directors Name:
Home Address:
Directors Name:
Home Address:



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Sole Traders/Partnerships

If you are NOT a Limited company, please give full name, date of birth, and home 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; which are strictly 30days from month end following date of invoice. Any queries or disputes of invoices are to be made in writing within 10days of date of invoice.
3) I/We acknowledge that HAE terms and conditions of hire & sale will apply.
4) I/We the hirer, accept responsibility for insurances of plant against all risk.
5) Must be signed by a director, partner or proprietor of the business.
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**

www.psmhire.co.uk