

Trade Credit Account Application Form

Payment Terms - 30 DAYS NETT

Company Details:

Company Name		
Address		
Phone	Fax	
Email		
Company Reg. Number	VAT Number	
Company Type		
Date Business Established		
Sales Contact Name	Sales Tel No.	
Sales Email		
Accounts Contact Name	Accounts Tel No.	
Accounts Email		
Email Address for Invoices/Statements		
Monthly Credit Required		
Authority to supply?	Official Order Number / No Order Number required.	

Trade References

Please supply <u>two</u> trade references with contact details, and with whom you have been trading for at least 12 months. **Email address (and/or fax number) MUST be provided.**

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

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

Bank Details

Bank Name		
Address		
Sort Code	Account No.	



Ltd/Plc Companies

Director's Name	
Home Address	
Director's Name	
Home Address	

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		

Insurance

Hired In Plant	Yes / No	Copy provided	Yes / No
All Risk Plant	Yes / No	Copy provided	Yes / No
Public Liability	Yes / No	Copy provided	Yes / No

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 of 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) I am a person authorised to make this application, as the 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 accounts@psmhire.co.uk www.psmhire.co.uk