

# Credit Application Form



Please complete the form and return to [info@hiresafesolutions.com](mailto:info@hiresafesolutions.com) or by fax to 01925 551 990

## Company Name Details

Company Name \_\_\_\_\_ Accounts Contact \_\_\_\_\_  
Contact Name \_\_\_\_\_ Accounts Contact Email \_\_\_\_\_

## Company Address

Street Address \_\_\_\_\_  
Town \_\_\_\_\_ County \_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Registered Office \_\_\_\_\_  
(if different from above)

## Directors / Partners / Sole Proprietors Details

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

## Trade References

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

## Limited Company Details

Date Business Started \_\_\_\_\_  
Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Account No \_\_\_\_\_ Sort Code \_\_\_\_\_  
Company Registration # \_\_\_\_\_ VAT Registration # \_\_\_\_\_  
Max. Credit Required \_\_\_\_\_

## Insurance

**Please tick as appropriate**

I have attached a copy of our hired in plant insurance.

We do not have hired in plant insurance and will require this.

## Agreement

**I have read and accept your standard terms & conditions. I understand terms are strictly 30 Days end of month unless previously agreed in writing with management.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Position Held \_\_\_\_\_