

CREDIT APPLICATION FORM

Please complete all of the following sections and return the form to the address above by post, or by fax or email, together with a *copy of your letterhead* and *valid hired-in plant insurance*.

FULL COMPANY NAME AND ADDRESS

Name			
Company Registration No.			
Address	Postcode		
	Telephone		
	Fax		
	Company Email		

List Business Sector/s: ■ _____ ■ _____ ■ _____

CREDIT LIMIT

Monthly Limit Applied for
£

COMPANY DIRECTORS

Name	
Name	

TRADE REFERENCES (TWO)

Name	Address		
Phone	Fax	Contact	
Name	Address		
Phone	Fax	Contact	

BANK DETAILS

Name of Bank			
Address			
Postcode		Telephone	
Account Number		Sort Code	

ACCOUNT DEPARTMENT DETAILS

Contact Name	Telephone
Address	Fax
	Accounts Email
Postcode	Days/Hours for Contact

PRIMARY CONTACT / HIRE MANAGER

Contact Name		Email	
--------------	--	-------	--

COMPLETED BY

Signature		Print Name	
-----------	--	------------	--

Internal Use: CRM Y N

Trading is subject to CPA Model Conditions of the Hiring of Plant.
A copy is available by request or can be [downloaded](#) from the website.