

CREDIT ACCOUNT APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS AND IN BLACK INK

SECTION 1 - YOUR BUSINESS DETAILS

Please supply proof of your address, such as a copy of your Driving Licence or a current utility bill no more than 3 months old, and a copy of your business letter headed paper.

Full Name:	Telephone:	BUYING CONTACT
Date of Birth:		
Trading Name:		
Business Address	Previous Address	– Full Name: Telephone:
Building Name/	(less than 2 years at present address)	Mobile:
Number:	Building Name/Number:	Email:
Street:		
Town:		
County:	County:	
County:Postcode:	Postcode:	
Business Website:	_	Telephone:
		Fax:
OTHER QUESTIONS		□ BACS □ Credit Card □ Direct Debit
Trading Style:	If a Director, have you been involved in a	Will official orders be mandatory?
☐ Partnership ☐ Sole Trader	business which went into liquidation/	☐ Yes ☐ No Is the site address mandatory on
Ltd Company Self Build	receivership/administration or CVA?	invoices? \(\text{Yes} \text{No} \)
LLP Other	YES NO	Do you wish to receive invoices /
Have any of the Directors/Partners or Sole Trader been subject of bankruptcy or IVA or	How long have you been established?YEARSMONTHS	statements by email? Yes No
had any CCJs registered against them?	When does your financial year end?	If yes, please provide an email
☐ YES ☐ NO	DAYMONTH	address:
In consideration of your agreement to supply goods on cre- behalf of a director or member. I unconditionally, jointly ar subsidiaries and successors from time to time. This include increased credit limit) may be increased from time to time; to the Company is deemed to be notice to me/us and if the	Jit to the Company applying for credit ("the Company"), I / W di severally, personally guarantee payment of all monies due s any costs of enforcing this Guarantee. I/We acknowledge a and (b) if the credit amount is increased at any time, it will b e Company uses the increased credit limit, then this is deemed	le are a director, member, authorised person, or authorised on and owing by the Company to Site Equip Ltd, and each of its and agree that: (a) the initial credit limit (and any subsequently be covered by this Personal Guarantee. Notice of the increase d consent by me/us to the increase in credit limit.
Signature:	Signature:	Signature:
Print Name:		
Date:		
Name:		
Address: Postcode:	Name: Address:	Name: Address: Postcode:
Address: Postcode: Date of Birth:	Name: Address: Postcode: Date of Birth:	Name: Address: Postcode: Date of Birth:
Address: Postcode:	Name: Address:	Name: Address: Postcode:
Address: Postcode: Date of Birth:	Name: Address: Postcode: Date of Birth:	Name: Address: Postcode: Date of Birth: Telephone:
Address: Postcode: Date of Birth: Telephone:	Name: Address: Postcode: Date of Birth: Telephone:	Name: Address: Postcode: Date of Birth: Telephone: Signature:



Date: _

Initial Credit Limit Required:

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SECTION 3 - COMMUNICATIONS DREFERENCES

SECTIONS COMMONICATIONS IN	LI LILINGLO
Marketing Choices From time to time Site Equip Ltd would like to send you special offers and inf we think you might be interested in and tailor what we send you so it is as rel	formation about our products and services. We use your information to assess what levant as possible.
Please tick if you do not wish to receive any information or offers by Please tick if you would be happy to receive these details by: More information about your rights and how we use your personal in	
There is no matter, about your rights and new the use your personal is	mornation can be round in the privacy policy on www.once Equipmental
SECTION 4 - DESCRIPTION OF BUSIN	NESS
Please tick the ONE that best describes your business	
Main Contractors - Commercial	Cross hire Company
☐ Main Contractors - Domestic☐ General Builder	□ Event Organiser□ Event Supplier
☐ 3rd Party/Online Merchants	Event Supplier
SECTION 5 - INSURANCE	
Please tick either YES or NO and provide a copy of insurance	
Do you have Hired in Plant Insurance? ☐ Yes ☐ No What is the Do you have Public Liability Insurance? ☐ Yes ☐ No What is the	e insurance value?e insurance value?
SECTION 6 - FINAL CHECK	
Before posting your completed application form, please check:	
Fully completed the application form	☐ Filled in your required credit limit
☐ Enclosed a proof of address Such as a copy of driving licence or a current utility bill no more than 3 months	 Signed the application form Confirmed your communications preferences
old. Enclosed a Company letterhead	□ Copy of Hired in Plant Insurance□ Copy of Public Liability Insurance
BANK DETAILS	
Please give full details of your main account	
Bank Name: Sort Code:	Account Number:
DATA PROTECTION	SEND TO:
We will make a search with a Credit Reference Agency, which will keep a record of that search and will share that information with other businesses. In some instance we may also make a search on the personal credit file of principal directors. Should in become necessary to review an account, then again a credit reference may be sough and a record kept. We will monitor and record information relating to your trad-	www.site-equip.co.uk/terms-and-conditions/ and return your completed
performance and such records will be made available to Credit Reference Agencie	s Site Equip Ltg. The Avenue.
who will share that information with other businesses when assessing applications for credit and fraud prevention.	Lasnam, Hampsnire, GU34 5SU
You have rights under the Data Protection Act including the right to apply for copy of your personal information and to correct any inaccuracies.	a Or alternatively you can send your application form by email to creditcontrol@site-equip.co.uk
SECTION 6 - PLEASE READ AND COMPLETE AI	LL SECTIONS OF THE APPLICATION BEFORE SIGNING
Please read the Terms and Conditions on pages 3&4 and complete all sections of the account with Site Equip Limited. I/We understand that the credit terms are that paym pay in accordance with these terms. I/We acknowledge and accept the Site Equip Limust be signed by a current Company Director listed at Companies House. For Sole T Partners. For Charities: Must be signed by a Trustee. For all other entities: Must be signed by a Trustee.	application before signing the section below. I/We make this application to open a credit lent is due promptly 30 days from the date of invoice and that if granted credit, I/We agree to Terms and Conditions of Hire. For Limited Companies: if incorporated for less than 3 years, raders: Must be signed by the Proprietor. For Partnerships: Must be signed by one of the gned by the person who has financial responsibility (Treasurer/Secretary).
Print Name:	Signature of Sole Trader /

Partner / Director / Applicant: ___