

APPLICATION TO OPEN A CREDIT ACCOUNT

Full Name/Trading Title		
Invoice Address		
		Post Code
Reg'd Office Address		
		Post Code
Tel No:	Fax No:	Co Reg. No:
No. of years established	Estimated monthly credit req.	
Nature of Business		
If sole trader/partnership please state name of proprietor/partners & home address(es)		
Name of person responsible for HIRING tools		
Name of person responsible for BUYING tools		

TRADE REFERENCES

TRADE REFERENCE 1

TRADE REFERENCE 2

Name	Name
Address	Address
Post Code	Post Code
Tel No:	Tel No:
Fax No:	Fax No:

I/We enclose a copy of our letter heading

I/We declare the above information to be correct and agree to your standard terms & conditions

Signed _____

Name (in block capitals) _____

Position _____

Date _____

Data Protection Act 1984 Information given will be stored on the computer purely for administration purposes and will not be supplied to any third party without prior consultation

POWER TOOL RENTALS LTD
HALIFAX ROAD
HIPPERHOLME
HALIFAX
HX3 8ER