

## APPLICATION FOR MONTHLY CREDIT ACCOUNT

\*\*PLEASE ATTACH A SIGNED COPY OF YOUR COMPANY LETTERHEAD AND UTILITY BILL (NOT MOBILE PHONE)\*\*

please fill out the fields below and send the form to accounts@broughtonplanthire.co.uk

NAME							
ADDRESS							
POST CODE	Ξ						
TEL NO				FAX NO			
Status		Limited Company		Sole Trader		Partnership	
If Company: REGISTERED NO					DATE	OF REGISTRATION	
If Sole Trader/Partnership: NAME & ADDRESS OF ALL PARTNERS							
INVOICE/STATEMENT EMAIL ADDRESS (if different from above)							
NO OF YEARS AT THIS ADDRESS							
CONTACT NAME:							
POSITION:				TEL NO:			
TOTAL CREDIT REQUIRED (£)				NATURE (	OF BUS	SINESS	
BANKERS I	NAME 8	& ADDRESS					
				POST CODE			
ACCOUNT NO				SORT NO			
TRADE REF No 1.				TRADE REF No. 2			
NAME				NAME			
ADDRESS			ADDRESS				
TEL NO			TEL.NO				
MOBILE NO			MOBILE NO				
EMAIL ADDRESS			EMAIL ADDRESS				
CONTACT NAME				CONTACT NAME			
SIGNATURE				POSITION			
NAME				DATE			
I have receiv	ed a co	ppy of your terms and condit	ions and	d have read and unde	rstood	them	
How did you hear about us? (sales rep. post, website, other please state)							

Unit 10 | Trade City | Ashton Road | Romford | Essex | RM3 8UJ Tel: 01708 383350 | Fax: 01708 383359 | email: hire@broughtonplanthire.co.uk