

CREDIT APPLICATION FORM

HOW DID YOU HEAR ABOUT US?										
Sales visit		Sales telephone call			Referral		Saw equipment on site			
YOUR DETAILS										
Full name or company name:										
Invoicing Address:										
Post Code:										
Nature of business:					Business Type (please tick)					
Company Reg:					Limited Co:		<input type="checkbox"/>			
Year Established:					Partnership/Sole Trader		<input type="checkbox"/>			
					Registered Charity					
YOUR BUYING DETAILS					YOUR ACCOUNTS DETAILS					
Contact Name:					Accounts contact:					
Buyer email:					Accounts email:					
Buyer telephone:					Accounts telephone:					
REVERSE VAT VAT on Invoice ? YES <input type="checkbox"/> NO <input type="checkbox"/>					Order Number or Reference REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>					
OUR BANK DETAILS										
Bank: LLOYDS					Account Name: NMT Crane Hire Ltd					
Branch: HIGH STREET, BEDFORD										
sort code: 30-90-66					Account number: 10554663					
CIS Number: 1799919446					Company Reg: 4331882					

Please accept this form as my/our application for a credit account. Estimated monthly sales/service of £_____.

I give my consent for a credit search to be made on me/us as the owner/partner or director of this organisation both now and at any future date. I/we understand that this search will be recorded by the agency and may be disclosed to subsequent enquiries. By signing this form, I agree to accept **NMT Crane Hire** CPA Standard Terms and Conditions of hire. A copy of which is available to me upon request. I/we agree to the standard payment terms of 30 days from invoice date. All invoice queries must be submitted to us in writing within 7 working days.

Signed: _____

Date: _____