

# COLMER PLANT HIRE

## APPLICATION FOR CREDIT FACILITIES

UNIT 18  
CHILDERDITCH IND EST  
CHILDERDITCH HALL DRIVE  
BRENTWOOD  
ESSEX  
CM13 3XU  
TELEPHONE: 01277 811001  
FAX: 01277 812553

### ACCOUNT DETAILS

<b>FULL TRADING NAME</b>	
<b>ADDRESS</b>	
<b>POST CODE</b>	
<b>TELEPHONE NUMBER</b>	
<b>FAX NUMBER</b>	
<b>BUSINESS OR OCCUPATION</b>	
<b>YEAR COMMENCED TRADING</b>	
<b>NAME OF ACCOUNTS CONTACT</b>	
<b>INVOICE ADDRESS (IF DIFFERENT TO ABOVE)</b>	

### LIMITED COMPANIES ONLY

<b>REGISTERED OFFICE ADDRESS</b>	
<b>COMPANY REGISTRATION NUMBER</b>	

### PARTNERSHIP

<b>FULL NAMES , PRIVATE ADDRESSES &amp; DATE OF BIRTHS OF ALL PARTNERS</b>	
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### SOLE TRADERS ONLY

<b>FULL NAME, HOME ADDRESS &amp; DATE OF BIRTHS</b>	
<b>TELEPHONE NUMBER</b>	

**CREDIT REQUIREMENTS**

<b>MAXIMUM AMOUNT OF CREDIT REQUIRED</b>	
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**BANKING DETAILS**

<b>NAME OF YOUR BANK</b>	
<b>BRANCH ADDRESS</b>	
<b>SORT CODE</b>	
<b>ACCOUNT NUMBER</b>	

**TRADE REFERENCES**

**NAME, ADDRESS & TELEPHONE NUMBER OF TWO TRADE REFERENCES**

1)	
2)	

**TERMS AND CONDITIONS**

<b>DO YOU ACCEPT OUR HAE TERMS AND CONDITIONS FOR HIRING OF PLANT?</b>	<b>YES / NO</b>
<b>DO YOU AGREE TO PAY ALL ACCOUNTS WITHIN OUR STATED CREDIT PERIOD? (END MONTH FOLLOWING DATE OF INVOICE)</b>	<b>YES / NO</b>

**INSURANCE**

<b>ARE YOU INSURED AGAINST THEFT, LOSS OR DAMAGE OF PLANT?</b>	<b>YES / NO</b>
<b>ARE YOU INSURED AGAINST THIRD PARTY RISKS?</b>	<b>YES / NO</b>

Please supply details of Plant Insurance

Insurance Company: .....

Policy Number: .....

Telephone Number: .....

**SIGNED:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IF APPLICANT IS A LIMITED COMPANY THIS FORM MUST BE SIGNED BY A DIRECTOR OR COMPANY SECRETARY.**

**IF APPLICANT IS A PARTNERSHIP IT MUST BE SIGNED BY ONE OR MORE PARTNERS.**

**PLEASE ATTACH A SAMPLE OF YOUR COMPANY HEADED PAPER**