



B.T.G. PLANT HIRE & REPAIRS LTD.



HALLSFORD BRIDGE INDUSTRIAL ESTATE, ONGAR, ESSEX, CM5 9RB
TEL: 01277 36 44 44 - WEB: www.btgplant.co.uk - EMAIL: sales@btgplant.co.uk

CREDIT APPLICATION FORM

ACCOUNT DETAILS

FULL TRADING NAME:

ADDRESS:

.....

POST CODE:

MAIN TELEPHONE NUMBER:

MOBILE NUMBER:

E-MAIL ADDRESS:

BUSINESS OR OCCUPATION:

YEAR COMMENCED OF TRADING:

NAME OF ACCOUNTS CONTACT:

INVOICE ADDRESS (IF DIFFERENT FROM ABOVE):

.....

LIMITED COMPANIES ONLY

REGISTERED OFFICE ADDRESS:

.....

POST CODE:

SIGNATURE OF DIRECTORS PAYMENT GUARANTEE:

COMPANY REGISTRATION NO:

PARTNERSHIP

FULL NAMES, ADDRESSES & D.O.B FOR ALL PARTNERS:

.....
.....

SOLE TRADERS ONLY

FULL NAME, HOME ADDRESS & D.O.B:.....

.....

MAIN CONTACT NUMBER:

MAXIMUM AMOUNT OF CREDIT REQUIRED:

BANKING DETAILS

BANK ACCOUNT NAME:

BRANCH ADDRESS:

.....

SORT CODE: ACCOUNT NUMBER:

TRADE REFERENCES

NAME, ADDRESS & MAIN CONTACT NUMBER OF 2 TRADE REFERENCES:

1.

.....

2.

.....

.....
**DO YOU AGREE TO PAY ALL ACCOUNTS WITHIN OUR STATED CREDIT PERIOD?
(30 DAYS FOLLOWING DATE OF INVOICE)**

YES / NO

INSURANCE

ARE YOU INSURED AGAINST THEFT, LOSS & DAMAGE OF PLANT? YES / NO

ARE YOU INSURED AGAINST THIRD PARTY RISKS? YES / NO

NAME OF INSURER:

POLICY NUMBER:

TELEPHONE NUMBER:

**I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE CPA MODEL TERMS &
CONDITIONS OF HIRE.**

SIGNED:

PRINT 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 WITH YOUR COMPLETED CREDIT APPLICATION FORM.