

ACCOUNT APPLICATION

Business Name

Company name:	
Structure: <i>delete as applicable</i>	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader
If Limited Company please quote company number, if Partnership or Sole Trader please state name and address of principals:	
Company Registration Number:	
Address of Business Premises:	
Telephone:	Fax:
Email:	

If applicant company is a subsidiary company, please state registered name of Parent company and the company number:

Parent Company:
Company Number:

Home Address of Owner / Director

Address:

Home Address of 2nd Owner / Director

Address:

Address to which accounts are to be mailed, if different from above

Address:

Order / Payment Procedure

Are order numbers required?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
<i>If yes, please state the name of the authorised person/department:</i>	
Name / Department:	
Telephone:	

Person who should be contacted regarding payment of invoices

Name:
Telephone:

Maximum of monthly credit required

Credit Amount:	£
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Company Details

Year Established:
VAT Number:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Telephone:	Telephone:	Telephone:
Email:	Email:	Email:

Bankers

Name:	
Address:	
Account Name:	
Sort Code:	Account Number:

Insurance

We confirm that we have insurance in place to cover our use of hired vehicles with a fully comprehensive policy which meets all requirements under the Law and protects our company and the owner of any vehicle hired against any and all losses.

Name of Insurer:
Policy Number:
Broker Details:
Broker Name:
Broker Telephone:
IMPORTANT Please attach a copy of your current insurance certificate: <input type="checkbox"/> Attached

Confirmation

I / we hereby apply for credit account facilities and confirm that I / we understand and agree with the standard rental terms and conditions of Safety Vehicle Hire and Lease Limited (copy supplied), and I / we agree to pay Safety Vehicle Hire and Lease invoices within 30 days of date of invoice.

Signature: _____ Print Name: _____
 For (Company Name): _____
 Capacity: _____