


**Trade Credit Account Application Form**

Date:
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**Company Details**

Company Name:		
Trading Address:		Postcode:
Tel No:	Email:	www.
Company Type:		Date Business Established:
Company Registration No.:		VAT No.:

**Trading References x2**

1 - Company Name:	2 - Company Name:
1 - Contact:	2 - Contact:
1 - Tel No.:	2 - Tel No.:

**Credit Limit**

Credit Limit Applied For:
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**Accounts Dept Details**

Accounts Contact Name:
Accounts Contact Tel No.:
Accounts Contact Email:
Invoice by Email: YES <input type="radio"/> Email Address:
Statements & Remittances Email Address:

In applying for credit facilities, we agree to the terms and conditions offered by the Company, including payment strictly 30 days month end following date of invoice. Any queries or disputes of invoices are to be made in writing within 10 days of date of invoice.

I/We believe the above information given to be full and correct.

<b>Signed (Must be a Director):</b>
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Name in Capitals:
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Position:	Date:
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Tel No.:	Email:
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Please return this form by email.

**PLEASE SEND A COPY OF HIRED IN PLANT INSURANCE WITH THIS APPLICATION**

London Depot: 020 3846 1111    Midlands Depot: 0121 272 7766  
 Gloucester Depot: 01452 689 500    North West Depot: 0161 507 3700    North East Depot: 0191 486 2576

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