

SWAT

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CREDIT ACCOUNT APPLICATION FORM

YOUR DETAILS

COMPANY NAME:				COMPANY REGISTRATION NO:	
PLC	LIMITED	PARNERSHIP	SOLE TRADER	ANNUAL SPEND ON POWERED ACCESS:-£	
TRADING ADDRESS:				REGISTERED ADDRESS:	
TOWN:				TOWN:	
COUNTY:				COUNTY:	
POST CODE:				POST CODE:	
TELEPHONE NUMBER:				TELEPHONE NUMBER:	
FAX NUMBER:				FAX NUMBER:	
E-MAIL:				E-MAIL:	

BANK DETAILS

BANK NAME:	ACCOUNT NAME:
BANK ADDRESS:	ACCOUNT NUMBER:
	SORT CODE:

CONTACT DETAILS

BUYERS DETAILS		ACCOUNTS DEPARTMENT	
CONTACT NAME:		CONTACT NAME:	
TELEPHONE NUMBER:		TELEPHONE NUMBER:	
E-MAIL:		E-MAIL:	
FAX:		FAX:	

SWAT access ltd • Sheep Hill Lane • Preston PR4 4YN
 Tel: 0844 809 9197 • Fax: 0844 809 9198 • Web: www.swataccess.com • Email: info@swataccess.com



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CREDIT ACCOUNT
APPLICATION FORM

TRADE REFERENCES

COMPANY NAME:	COMPANY NAME:
CONTACT NAME:	CONTACT NAME:
MONTHLY SPEND:	MONTHLY SPEND:
TOWN:	TOWN:
COUNTY:	COUNTY:
POST CODE:	POST CODE:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
FAX NUMBER:	FAX NUMBER:
E-MAIL:	E-MAIL:

PLANT INSURANCE COVER

Insurance of the equipment is the customer's responsibility. It is a condition of hiring that you have "HIRED IN PLANT" insurance.

We are able to provide cover, in the absence of your own insurance, for only 20% of the hire charge.

Please indicate an option below

- I have my own HIRED IN PLANT INSURANCE and enclose a copy of the policy with this application
- I would like to use your insurance protection. I understand that this will be added to my hire invoice.
Damage Waiver offers protection from accidental damage, but not theft of machines (charged at 20% of the hire rate).

Our company carries out credit checks with credit agencies. In submitting an application for a credit account you hereby give consent for us to carry out credit reference searches. The Data Protection Act 1998 will be complied with at all times. You are also agreeing to abide by the Terms and Conditions of this office. Our payment terms are strictly 30 days date of invoice.

I confirm that I wish to open an account with SWAT access ltd.

Print Name: _____ Position: _____

Signature: _____ Date: _____

CPA Model Terms and Conditions of Hire apply – Copy available upon request.

PLEASE FAX BACK TO: 0844 809 9198

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