

CREDIT ACCOUNT APPLICATION FORM

YOUR DETAILS	
COMPANY NAME:	PLC ☐ LIMITED ☐ PARTNERSHIP ☐ SOLE TRADER ☐
HOW WOULD YOU LIKE YOUR INVOICES? EMAIL ☐ POST ☐	COMPANY REGISTRATION NO: VAT REGISTRATION NO:
INVOICE ADDRESS: POSTCODE:	REGISTERED ADDRESS (IF DIFFERENT): POSTCODE:
TELEPHONE NO:	TELEPHONE NO:
CONTACT DETAILS	
PURCHASE LEDGER CONTACT:	
TELEPHONE NO:	
EMAIL:	
ACCOUNTS DEPT CONTACT:	
TELEPHONE NO:	
EMAIL:	
ACCOUNT DETAILS	
BANK NAME & ADDRESS: POSTCODE:	ACCOUNT NAME: ACCOUNT NO: SORT CODE: CREDIT LIMIT REQUESTED:



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TRADE REFERENCES	
COMPANY NAME:	COMPANY NAME:
CONTACT NAME:	CONTACT NAME:
ADDRESS:	ADDRESS:
POSTCODE:	POSTCODE:
TELEPHONE NO:	TELEPHONE NO:
EMAIL:	EMAIL:
Please provide evidence of Hired in Plant Insurance	
Insurance of powered access equipment is the customer's responsibility. It is a condition of hiring that you have 'HIRED IN PLANT' insurance. This must include but not be limited to: - • Theft • Third Party claims • Paint spillage and/or overspray • Damage caused by non-completion of daily maintenance and checks • Use by untrained operators • Negligence and vandalism • Continued Hire Charges	
DISCLAIMER	
Our company carries out credit checks with credit agencies. In submitting an application for a credit account, you are hereby giving consent for us to carry out these credit reference searches. These searches are for credit information purposes only and will not be shared with a third party. The Data Protection Act 1998 will always be complied with. In signing this form you are also agreeing to abide by the Terms and Conditions of IPAF and the CPA Model Terms and Conditions of Hire (Copies available on request). Payment terms are strictly 30 days from end of month unless otherwise agreed in writing. I confirm that I wish to open an account with SWAT access Ltd. Print Name _____ Signature _____ Position _____ Date _____ This form will not be accepted without a signature.	

