



ACTIVE

CREDIT ACCOUNT APPLICATION FORM

A COMPANY LETTERHEAD AND TWO PROOFS OF ADDRESS MUST BE ENCLOSED WITH YOUR APPLICATION

Company/Trading Name:	
Invoicing Address:	Registered Address (If Different):
Postcode:	Postcode:

Site Contact Name:	Accounts Contact Name:
Site Telephone No:	Accounts Telephone No:
Site Fax No:	Accounts Fax No:
Site Email:	Accounts Email:

Main Business Activity:	Turnover Last Year	No. Years Trading:
Credit Limit Required	Company Registration No:	VAT Registered No.
Bank Name:	Account No.	Sort Code:

Trade Reference A:		Trade Reference B:	
Name:		Name:	
Address:		Address:	
Phone No:		Phone No:	

OUR STANDARD PAYMENT TERMS ARE 30 DAYS NETT MONTHLY

Please supply a copy of your hired in plant Insurance Certificate

If you need to purchase the required insurance cover, please call our hire desk as we can quickly arrange it for you.

DECLARATION OF AGREEMENT: To be completed by a company director

TERMS AND CONDITIONS: I/We accept the trading terms and CPA Model conditions of Active Plant Hire Ltd and acknowledge that they will apply in all future transactions. I/We agree to settle all accounts in accordance with those terms.

DATA PROTECTION ACT 1998: In accordance with the act, I/We confirm that I am/we are the above named individual(s) and I/We provide you with the above information insofar as it comprises personal data, and consent to you processing that, and any other information which comes into your possession during the period in which this account is running. I understand that in the course of opening and running the account you may obtain further personal data from, and may disclose personal data to, third parties (including credit circles and reference agencies) for the purposes of running your business and accounts management. I/We consent to that processing.

PERSONAL CREDIT GUARANTEE: I/We being a director(s) of the company hereby unconditionally and personally, jointly, and severally guarantee payment of all monies due and owing by the company to Active Plant Hire Ltd.

I/We confirm that as a director of the company, I/We have the authority to open this account.

I/We certify that all of the information given on this form is correct and true.

Signature: _____ Position in Company: _____

Print Name: _____ Date: _____

Please FAX completed form to 01708223444 or Email to accounts@activeplant.co.uk

FOR HEAD OFFICE USE ONLY

Authorized By:	Date:
Account No:	Credit Limit: