



APPLICATION FOR A MONTHLY CREDIT FACILITY

To be completed by Customer

Full Legal Title and Trading Name: _____

Partnership Limited Company Registered Company No:

PLEASE ATTACH A SAMPLE OF YOUR HEADED PAPER WITH THIS FORM

Registered Business Address

Contact Name

Street

Town

County

Postcode

Office Number Fax Number

Email address

Business Activity Years Trading

Method of Payment BACS Debit Card Credit Card Other please specify _____

Acceptance of Terms. To be signed by Owner/ Partners/ Directors only.

I/We request you to open a Credit Account in the name of the above company with a proposed credit limit of: £ _____. Credit limit will be set subject to credit checks and confirmed in writing.

I/We do agree that payment of all accounts will be received by Lakeside-Hire **within 7 days from the end of the month.**
 I/We agree that adherence to this obligation is the essence of the contract between us.

I/We have read understood and retained a copy of your trading conditions and agree to trade in accordance with these for any services or goods supplied. We accept that title to all goods supplied to us will remain vested in Lakeside-Hire.

Please detail all addresses within the last five years ó continue on a separate sheet if necessary*.

Name: _____ Signature _____

Home Address: _____
 _____ Post code _____

*Please note ó this form is not complete without a signature from the owner, partner or director. Directors need not complete their addresses.



TRADE REFERENCES

I/We authorise you to take up references at any time from the under mentioned bank and trade sources (we will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.):

1. Name: _____ Nature of Business: _____
 Full Address: _____
 _____ Telephone Number: _____
 Annual Spend: _____ Account Number: _____
2. Name: _____ Nature of Business: _____
 Full Address: _____
 _____ Telephone Number: _____
 Annual Spend: _____ Account Number: _____

Bank Details

Name: _____
 Full Address: _____
 _____ Postcode: _____
 Sort Code: _____ Account Number _____

Consent to Credit Checks.

I/we give consent to the above mentioned credit checks being carried out.

Authorised signatory _____ Name _____

Position In Company _____

For Office Use Only.	
1. Check list:	Form complete _____ Letterhead _____ CC complete ___/___/_____ Confirmation to cstr ___/___/_____
2. Account Status:	Credit Score RD___ Reject _____ Passed _____ Terms: Mthly / On Presentation Credit Limit £ _____ Account Number _____
3. Account Authorised:	_____ Date: ___/___/_____



ACCOUNT DETAILS

Accounts Contact Name

Street

Town

County

Postcode

Telephone Number Fax Number

Email address

Trading Details

Trade Contact Name

Street

Town

County

Postcode

Telephone Number Fax Number

Email address

Do you require order numbers to be on invoices? Yes / No

Please name all authorised users of this account:

Please notify us in writing if any of these users change.