

APPLICATION FOR CREDIT ACCOUNT								
PLEASE SUPPLY A SAMPLE COPY OF YOUR COMPANY LETTER HEAD								
Company Name:								
Trading Address:								
Landline Telephone Number:	Telephone Number: Email Address for Electronic Invoicing:							
Invoice and Statement Address:								
V.A.T Number:								
Company Registration No:	Date of Incorporation:							
Hire Contact:	Accounts Contact:							
Hire Email Address:	Accounts Email Address:							
Type of Business:	Website:							
References Please supply names and addresses of two current suppliers to whom we may apply for a trade reference (NOT INCLUDING OTHER HIRE COMPANIES)								
1:	Name of Contact:							
	Telephone:	Email:						
2:	Name of Contact:							
	Telephone:	Email:						



PI	LEASE PRO	VIDE AN UP TO		ant Insurance Y OF YOUR F	HIRED-IN-PLA	NT INSURANC	CE		
Insurance Company	/ :			Policy No:	Policy No:				
Telephone Number	:			Name of Contact:					
Insurance Valid from	m Date:			Insurance Expiry Date:					
If you <u>DO NOT</u> hold We offer a Loss Dam Please TICK the box	nage Waiver for	an additional 15% of	Hire						
		Reg	gistered Deale	r of Controlled	d Oils				
Please confirm if your business is a Registered Dealer of Controlled Oils:				Yes		No			
If Yes, Please provide you	r RDCO Approva	ıl Number:							
Terms & Conditions Attached				GDPR Information Attached					
Our Payment Terms are 30 DAYS END OF MONTH Please TICK to confirm these will be adhered to									
		will be bound by th							
I/We have received a copy of John F Hunts Data Protection Policy of which I have read and understand									
Signed:	- Director, Company Secretary or Authorised Personnel								
Print Name:									
Date:									
OFFICE USE ONLY									
Account Number:			Salespers	Salesperson: CC - Credit Control					
Account Approved By:			Date Ope	Date Opened:					
	Source of Contact (Please tick accordingly) Cold Coll								
	Cold Call	Existing Client	Glenigan	Hire Desk	Web Enquiry	Please Specify Website			