



Application for Credit Facilities

Company Details

Customer Name:	_____	Company Reg. No:	_____
Trading as (If different):	_____		
Registered Address :	_____		
		Post Code:	_____
Invoice Address (If different from above) :	_____		
		Post	
Code:	_____		
Tel :	_____	Fax :	_____
		Email :	_____

Principal Directors/Proprietors (Please include home address)

Name:	_____	DOB:	___ / ___ / ___	
Home Address:	_____		Post Code:	_____
Name:	_____	DOB:	___ / ___ / ___	
Home Address:	_____		Post Code:	_____

Bank Details

Account Number:	_____	Bank Name and Address:	_____
Sort Code	_____	Post Code:	_____
Payment Method (Please circle):	Cheque	Bacs	Direct Debit
Other – Please give details:	_____		

Accounting Information

Do you require purchase order numbers quotes on your invoice?: Y/N

Person responsible for payment of
Accounts: _____ Tel: _____

Trade Reference (Please provide full name, address and telephone numbers of 2 INDEPENDENT TRADE REFERENCES WITH WHOM YOU HAVE HAD CREDIT FACILITIES WITH FOR OVER ONE YEAR – Do not include companies who allow a discount for prompt settlement)

Reference 1:	_____		
	Postcode:	Tel:	
	_____	_____	
Reference 2:	_____		
	Postcode:	Tel:	
	_____	_____	

Insurance Cover for Loss or Damage to Rental Equipment

Do you have an insurance policy covering Hired in Plant? (Please circle):

Yes If Yes, please attach a copy of your Hired in Plant insurance cover note.

No I/We have no rental equipment insurance cover. On this basis, all costs for Damage/Loss/Theft to hired equipment will be paid Directly by the customer

TERMS AGREEMENT

I hereby apply for Credit Facilities with SPB Plant and Tool Hire Limited. I confirm that this information is true and complete and I have the authority to open this account. I agree to be bound by SPB Plant and Tool Hire's Terms and Conditions which, together with this information, form the agreement. We may from time to time, undertake certain checks on you by consulting a licensed credit reference agency, trade references or bankers references for the purpose of establishing your credit worthiness, debt recovery or fraud prevention. The agency may record the search. You hereby give express consent for us to carry out such searches. No further notification will be given to you by us when we undertake such a search and we may do so at any time.

Signed: _____ Print Name: _____

Date: ____ / ____ / ____ Position: _____

The following section will need to be completed for recently incorporated businesses.

DEED OF GUARANTEE

The Deed of Guarantee is made by the undersigned of the address below. Whereas Goods and/or services are to be supplied by SPB Plant and Tool Hire Ltd and the undersigned has agreed to provide this Guarantee in relation to monies payable in respect of these goods/services.

Now this deed witness as follows:

1. The Guarantor unconditionally and without limitation undertakes that in the event of the Customer failing to make payment of all sums due at the date of this Guarantee and falling due in the future in respect of goods and/or services supplied then the Guarantor will make payment of the sums due.
2. The Guarantor hereby acknowledges that liability under this deed shall continue irrespective of any liquidation, administration, dissolution or change of name, composition or constitution of the customer and shall not be affected in any way by the Supplier granting and indulgence or making and concessions to the Customer.
3. SPB Plant and Tool Hire Limited will not be bound to first make any demand on or enforce any rights against the Customer before requiring payment by the Guarantor of the sums due under this guarantee.
4. This Deed shall be governed by and construed in accordance with English law and the English courts shall have exclusive jurisdiction over any claim or dispute relating to the Deed.
5. This is a Deed and has been executed by the parties to it as a Deed.

Guarantor's Signature: _____ Name of Witness: _____

Print Guarantor's Name: _____ Witness Signature: _____

Address of Guarantor: _____ Address of Witness: _____

Post Code: _____ Post Code: _____

Should you have any queries regarding this application for credit, please do not hesitate to contact

Wayne Grainger on 01724 280098

For Office Use Only:

Authorisation Signature: _____ Account Number: _____

Credit Limit: _____ Date Account Opened: _____

Review Date: _____