



Thank you for your enquiry,
please find attached a copy of our Credit Account Application Form.

Please complete and return together with a **sample of your headed paper,**

via email to:

enquiries@promechhire.co.uk

or

post to:

**Pro Mech Limited
HEAD OFFICE
7a The Gardens
FAREHAM
Hants
PO16 8SS**

Thank you



CREDIT ACCOUNT APPLICATION FORM

Business / Trading Name: Business / Trading Address:
Main Telephone No: Purchase Ledger Tel No: VAT No.:
Mobile Tel No: E-mail Address:
Type of Business: Public Limited Company: Private Limited Company: Sole Trader: Partnership:
Are any of the directors, owners or partners in this business un-discharged bankrupts? Yes / No
Have any of the directors, owners or partners of this business held any other credit accounts with this company? Yes / No
If so, please list account names:

Limited Companies Only
Co. Registration Number: Date of Formation: Parent Company:

Sole Traders / Partnerships Only Home address(es) of proprietor / all partners:
Full Name: Home Address: Date of Birth:
Full Name: Home Address: Date of Birth:
Full Name: Home Address: Date of Birth:

Names of People Authorised to Place Orders
Table with columns: Full Name, Position, Verbal Order, Written Order, Order No. Req'd

Names of People Authorised to Make Payment
Table with columns: Full Name, Position, Direct Telephone Number

Trade References
Company Name: Address: Tel: Current Credit Limit: £
Company Name: Address: Tel: Current Credit Limit: £

In processing your application for credit facilities we may make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.
Must be signed by a director, partner or proprietor of the business
Signed: Print Name: Position:

For Office Use Only | Form sent By: | Account Ref: | Date A/c Opened:

Please include a sample of your headed paper when returning this form.