

## 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:		<b>VAT</b> No.:			
Mobile Tel No: E-mail Address:					
Type of Business: Public Limited Company: $\Box$ Private Limited Company: $\Box$	Sole T	rader:	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 If so, please list account names:		Yes / No			
Limited Companies Only					
Co. Registration Number: Date of Formation:	Parent Comp	oany:			
Sole Traders / Partnerships Only Home address(es) of proprietor / all partners:					
Full Name: Home Address:					
Full Name: Home Address:					
		Date of l	Birth:		
Full Name:					
	***************************************	Date of I	Birth:		
Names of People Authorised to Place Orders			1		
Full Name Position	Verbal Order	Written Order	Order No. Req'd		
Toston	\(\text{\text{Constant}}\)		Grace No. Req a		
		_	_		
Do you use official Order Numbers - YES or NO?					
Do you have an Order Number Prefix? (example if possible) Please keep us up to-date of changes.					
Email addresses for On-hire and Off-hire correspondence					

Names of People Authorised to Ma	ke Payment			
Full Name	Position	Direct Tel	irect Telephone Number	
Trade References				
Company Name:		Address:		
		Tel:	Current Credit Limit: £	
Company Name:		Address:		
		Tel	Current Credit Limit: £	
account to credit reference agencies and other thi	ird parties. The information obtained from o		e enquiries. We may also disclose information about the conduct of your rties may be used when assessing further applications for credit terms, for as per your normal monthly terms.	
Must be signed by a director, parti	ner or proprietor of the busines	s		
Signed:	Daint N	Name:	Position:	
Signed :	Pilit	vame:	Posttion:	
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.