

## **Account Application Form**

1. Type of Business	Limited Company $\square$	Partnership   So	le Trader □ Other □		
2. Trading/Company Name					
3. Trading address					
		Postco	nde:		
	Tel No:	Fax No			
	Email: Website:				
	website:				
4. Delivery address					
		Postco	ode:		
	Tel No:	Fax No			
8. Names of Directors/					
Partners					
5. Director/Partner's					
Home addresses					
	Postcode:	Postco	ode:		
	Tel No:	Tel No			
6. Registered office					
address.					
(If a limited company and					
different from company			Postcode:		
name and address)	Tel No:	Fax No	):		
7. Company Registration	Date Registered:		Registered:		
No.		•			
9. No of years in	Years:	Months:	No of employees:		
business					
10. Authorised					
Buyers (print name)					
11. Accounts					
department	Tel No:				
(contact name)					



12. Trade References (SI	hould be long	established ma	ijor suppliers	wherever possible)	
(i) Name and address					
	T. I. NI.			Postcode:	_
	Tel No:			Fax No:	
(ii) Name and address					
				Postcode:	
	Tel No:			Fax No:	
	TOTALO.			Tax No.	
NOTE: Conditions of gra Any changes in ownershi					
14. ACCEPTANCE CONF	FIRMATION				
Insurance Details Under the CPA terms and					nt for damage and
loss while on hire. Please	e attach proo	i oi nirea-in pia	ant insurance		
The details given at will accept your Te				edge and belief and	I/we agree that we
Signature:			Date:		
Please complete and ret Higher Access Limited, L T: 08456 044054 F: 0128	Jnit 8 Bridgew				BB11 5TE.
	_	FOR OFFIC	CE USE ONLY		
Allocated Account Co	de				
Credit/Cheque Limit	٥)				
(delete as appropriate Payment terms	e)				
r dymont torms					
Name of account man	nager				
Account authorised by	у	Name:		Date:	