



APPLICATION FOR CREDIT FACILITIES

Company Information

Limited Company

Please circle type of business:

Date of Incorporation :				
Customer Name (Indivi	dual or Company):			
Company Registered N	lo (for Limited Companies only	y):		
Registered Address:				
_			Post Code:	
Telephone:	Fax:	Email:		
	Vat Registration No:		stration No:	
Principal Directors	/Owners/Partners			
Name:			Post Code:	
Name:	Home Address:		Post Code:	
Two Trade Referen	ces	Name:		
	Fax:		Fax:	
Office Use Only:		Office Use O	Office Use Only:	
Amount of Credit Requ	ired: £	-		
Paperless Billing				
	of sending invoices and state to this service; its greener, qui		erless Billing System. You will be	
Please provide the follow	wing information:			
Email Address for Invoice	ces:			
Person Responsible for	Payment of Invoices:	Tel:		
If you would still like to re	eceive your invoices through t	the post please tick he	re	
Purchase Order Numbe	r required? (Please Circle):	Y/N	_	

Partnership

Individual

APPLICATION FOR CREDIT FACILITIES CONTINUED

TERMS AGREEMENT
I hereby apply for credit facilities with Liver Plant & Tool Hire Ltd, I confirm that this information is true and complete and I have the authority to open this account. I am familiar with and hereby agree to be bound by Liver Plant & Tool Hire Ltd Terms and Conditions in their entirety and without reservation which, together with this information, form the agreement
Signed: Print Name:
Date:/ Position:
Liver Plant & Tool Hire Limited may, at its sole discretion and as a condition precedent to the provision by it of any credifacilities and/or the supply of any goods and/or services, request that a guarantee is provided in its favour in respect of the liabilities of the applicant to Liver Plant & Tool Hire Limited. Any such Guarantee shall be provided to the applicant separately and shall be in such form as is required by Liver Plant & Tool Hire Limited from time to time
How did you hear about Liver Plant & Tool Hire
Please return your completed form, all pages with a sample letterhead and two forms of ID, including a recent utility bil to us by:
Email to kim@liverplant.co.uk Post to Unit 21-23 Castor Street, Larch Lea Industrial Estate, Liverpool, L6 5AT If you have any queries please do not hesitate to call us on 0151 263 3444 or 07552 030 956
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