

EROS PLANT & TOOL HIRE LTD

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ACCOUNT CREDIT APPLICATION FORM

COMPANY NAME _____

ADDRESS _____

TELEPHONE NO. _____

MOBILE NO. _____

E-MAIL ADDRESS _____

SALES CONTACT _____

TEL NO. _____

TYPE OF BUSINESS: LIMITED COMPANY PARTNERSHIP SOLE TRADER

COMPANY REG. NO: _____ DATE OF INCORP. ____/____/____

VAT NO:

DIR./ PRINCIPAL 1) _____ DOB ____/____/____

HOME ADDRESS _____

DIR./ PRINCIPAL 2) _____ DOB ____/____/____

HOME ADDRESS _____

ACCOUNTS CONTACT _____

ACCOUNTS EMAIL _____

ACCOUNTS TEL _____

EMAIL ADDRESS TO SEND INVOICES _____

PURCHASE ORDER REQUIRED YES/NO

PASSWORD FOR ORDERS BEING COLLECTED BY A THIRD PARTY _____

HIRED IN PLANT INSURANCE: Please select one of the below:

- WE WILL USE OUR OWN: YES / NO (If yes, please attach a copy)
- WE WILL USE YOUR HIRESURE: YES / NO (This will cost 20% of the cost of the Hire)

We make application herewith for credit facilities and undertake to abide by your normal terms and to settle our account 30 DAYS OF INVOICE DATE. We acknowledge receipt of, and agree to be bound by your standard terms and conditions of sale (available on request)

SIGNED _____ PRINT _____ DATE ____/____/____

Please complete & send together with a company letterhead & a copy of your hired in plant insurance (if applicable)

Accounts@eroshire.co.uk

ALL QUERIES MUST BE NOTIFIED WITHIN 48 HOURS OF INVOICE DATE

DATA PROTECTION CLAUSE

In processing your application for credit facilities, we may make enquiries of credit reference agencies who may record those enquiries. We may also disclose information about the conduct of your account with us to credit reference agencies. The information obtained from or provided to credit reference agencies may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention.

For Office Use Only

Account No _____	Checked Insurance Documents	<input type="checkbox"/>
	Letterhead Received	<input type="checkbox"/>
	Email/Brochure Sent	<input type="checkbox"/>