

Application for Credit Account

A Company Letterhead must be attached to all applications. If providing your own insurance for the hire of scaffolding and/or hoists a copy of your Insurance Certificate will also be required. (Failure to do so will delay your application).

TERMS ARE STRICTLY 28 DAYS (NET) FROM DATE OF INVOICE

Classification:	Sole Trader	Partnership	Limited	PLC	Other	DOB (If Sole Trader)
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Customer Name:			
Address:			
Post Code			
Email Address			
Phone Number		Fax Number	
Company Registration Number		VAT Number	

**SOLE TRADERS need to provide the Name and Home Address of all partners.
Two utility bills are also required from each Partner dated within 3 months.
(Failure to do so will delay your application).**

Partner 1. Name:			
Address:			
Post Code			
Email Address			
Phone Number		Fax Number	

Partner 2. Name:			
Address:			
Post Code			
Email Address			
Phone Number		Fax Number	

References:

Reference 1.			
Contact Name			
Address			
Post Code			
Phone Number		Fax Number	

Reference 2.			
Contact Name			
Address			
Post Code			
Phone Number		Fax Number	

Accounts Payable Contact Name:			
Address: (if different to above)			
Post Code			
Phone Number		Fax Number	

Do you require the order number to be mandatory?	Yes	No
Estimated Credit Limit required	£ per month	
Account Name		
Bank Name		
Bank Address		
Account No		
Sort Code		

Data Protection Act: Hercules Scaffolding Ltd. will only use the information provided internally for accessing credit.

I acknowledge having received a copy of your Data Protection Act Privacy Notice and I/we agree to you processing any of my/our personal information for the uses/purposes specified in said Privacy Notice

Client Signature:

Print Name:

Position Held:

Date:

Please fax your completed application form to 0117 973 9870

INTERNAL USE (New Accounts)

Date of Application			
Date Opened			
Authorized by			
Account Number Credit Limit			
Personal Guarantee	YES	NO	
Personal Guarantee Obtained	YES	NO	
Authorised by (signature)		Print Name Position	Date