

	Offices	
	The Technology Building Kirkton Avenue Pitmedden Road Industrial Estate Dyce Aberdeen AB21 0BF United Kingdom Tel: +44 (0) 1224 771888 Fax: +44 (0) 1224 770129	Campus Five Letchworth Business Park Letchworth Garden City Hertfordshire SG6 2JF United Kingdom Tel: +44 (0) 845 270 2707 Fax: +44 (0) 845 270 2708

**APPLICATION FOR CREDIT ACCOUNT
TO BE COMPLETED BY A COMPANY SIGNATORY**

Please attach a sample letterhead to this application

Customer Name:			
Invoicing Address:			
Post Code:		Email Address	
Tel No:		Fax No:	
Company Registration No:			
Company Type	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader

Name & Address of Registered Office if different from above.

Customer Name:			
Address:			
Post Code:		Email Address	
Tel No:		Fax No:	

Trading address of Customer if different from above address.

Customer Name:			
Address:			
Post Code:			
Tel No:		Fax No:	

1. Maximum amount of credit required at any one time?	£
2. Date Company / Partnership / Sole Trader commenced trading?	

If you are located outside the UK and can confirm that products or equipment supplied will **always** be exported and operated outside the UK or its territorial waters, please tick here.

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Insurance Details

Insurance is the responsibility of the renter to make good to the owner all loss or damage to equipment. Accordingly renter must have adequate insurance cover in operation.

Company:		Tel No:	
Policy No:		Policy Type:	
Renewal Date:		Policy Cover:	
IT IS THE RENTER'S RESPONSIBILITY TO NOTIFY THE OWNER OF ANY CHANGE TO THE ABOVE POLICY.			

Bank Details

Name:		Account No:	
Address:		Sort Code:	<input type="text"/>
Post Code:			

Please supply two Trade References

Name:		
Address:		
Post Code:		
Tel No:		
Fax No:		

DECLARATION: I/We hereby apply to Ashtead Technology Ltd. To open a Credit Account in accordance with the information given and I/We agree that if, as a result of the information supplied by me/us a credit account shall be granted in my/our name. I/We undertake to abide by the Ashtead Technology Ltd. 'Conditions of Rent' as stated on all our delivery notes, which include settlement net 30 days from date of invoice.

Signature: (on behalf of customer) _____	Position held by Signatory: _____
Name: (in block capitals) _____	Date of Application: _____

OFFICIAL USE ONLY – Credit Form Request / Approval	
Profit Centre Manager: _____	Date: ____/____/____
Support Office Controller: _____	Date: ____/____/____