

# Account application form

## Internal Use Only

Account No:	Credit Limit:
<b>Your Personal Details</b>	
Company Name:	Please circle as appropriate PLC Limited Partnership Sole Trader LLP
Email - Accounts Department:	Other Email: (if applicable)
Invoice Address 1:	Company Reg No:
Invoice Address 2:	Telephone:
Town:	Fax:
County:	Post Code:
Bank Name and Address:	Sort Code:
	Account Number:
	Credit Limit Request (£):
Trade Ref Name and Address:	Landline:
	Fax:
<b>Contacts</b>	
Purchase Ledger Contact:	Name of Buyer:
Landline:	Landline:
Mobile:	Mobile:
Email:	Email:

Peter Hird & Sons Ltd may wish to use this information above to inform you of future promotions. The data will not be shared with any organisation that is not associated with Peter Hird & Sons Ltd. Please tick this box if you do not wish to receive news of future promotions

## Damage Waiver

If you have your own hired-in plant insurance then please indicate below, please note that if you select this option we require a copy of your hired-in plant insurance policy to be sent with the return of completed form.

Own Hired-in Plant insurance then please tick here:  Please fax copy of insurance. If no copy is received then damage waiver will become automatic. Alternatively, if you would like to take advantage of the Peter Hird & Sons Ltd damage waiver then please tick here:

## Disclaimer

This office utilises a third party credit reference agency for credit assessment purposes. In submitting a request for this office to open a credit account, you are hereby providing us with your consent to carry out any credit reference searches that we deem necessary to support your application. These searches will be taken for credit information purposes only and may be carried out on both your company and its principals. The credit reference agency may also keep a record of our enquiry, and share that information with other businesses that may also make enquires about the company and its principals. This does not affect your statutory rights. You are also agreeing to abide by the Terms and Conditions of this office, in the absence any written authority, strictly from this office, to the contrary. Our payment terms are strictly nett monthly.

**I confirm that I have read and accept the CPA Model Terms and Conditions of Hire (July 2011) by ticking this box (when this form is returned by email):**   
**Alternatively sign below (when this form is returned by fax or Post)**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email back on: [info@hird.co.uk](mailto:info@hird.co.uk)**

Fax back on: +44 (0)1482 587710 or post back to: Peter Hird & Sons Ltd, English Street, Hull, HU3 2BT.