C. J. O'Shea Plant Hire Ltd. CREDIT APPLICATION FOR A BUSINESS ACCOUNT

		BUSINESS CONT	ACT INFORMATION		
Title:					
Company name:					
Phone:	Fa	ax:	E-mail:		
Registered company address:					
Town:			County:		Post Code:
Date business commenced:			Company Reg No:		
Sole proprietorship:		Partnership:	Limited Company:		Other:
LIMITED / PLC COMPANIES			NON LTD COMPANIES / PARTNERSHIPS / SOLE TRADERS / INDIVIDUALS		
*If the business has not filed the 1st have filed dormant accounts within t 2 current directors home addresses a must be provided.	he pas	st 12 months, details of up to	provide photo ID (eithe * If you are not known	r driving licence on the Electora	partnerships, individuals must e or passport) I Register then a recent utility t be provided as proof of
Director/Proprietor 1 Name:			Director/Proprietor 2 Name:		
Home Address:			Home Address:		
Post Code:	DOB:	:	Post Code:	С	OB:
		BUSINESS AND CF	REDIT INFORMATION		
Invoice address:					
Town:			County:		Post Code:
Account Department Contact:			1		
Telephone:		Accounts/Invoicing E-mail	:		
		BANK	DETAILS		
Bank name:					
Bank address:			Phone:		
Town:			County:		Post Code:
Bank Account Number			Sort Code		
		-		<u> </u>	
		BUSINESS/TRA	ADE REFERENCES		
Company name:					
Address:					
Phone:	Fa	ax:	E-mail:		
Type of account:					
Company name:					
Address:					
Phone:	Fa	ax:	E-mail:		
Type of account:					
		BUSINESS 1	INFORMATION		
What type of Premises do you oc	сиру	:			
Are Premises Owned or Rented:					
Number of Employees:					
Do you issue Company Order nur	nbers	5:			

AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize C. J. O'Shea Plant Hire Ltd. to make inquiries into the banking and business/trade references that you have supplied.
- 4. I/We declare that the above information is correct and that I/We have read and agree to your Terms and Conditions of Trading given on separate document
- 5. I/We authorize you to make enquires in relation to this Account at your discretion and that you may refuse opening a Credit Account without giving a reason and reserve the right to amend, suspend or remove credit facilities at any time, at its absolute discretion without notice.
- 6. The person signing this form is authorized to enter legally binding contracts on behalf of the applicant.

SIGNA	TURES
Name:	Name:
Authorised Signature:	Authorised Signature:
Title/Position:	Title/Position:
Date:	Date:

FOR INTERNAL USE					
Manager:	Signature:				
Amount Credit Approved:	Stock Value Limit:				
Account Number:	Account Type:				
Date:					
Comments:					