



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company/Trading name					
Business Description/Type					
Business Type	<input type="checkbox"/> LTD	<input type="checkbox"/> PLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader	Credit Limit Required. £
Registered company address:			Invoicing/Accounts Trading Address (if different):		
Tel No:			Tel No:		
Fax No:			Fax No:		
Email:			Email:		
Website:					
VAT Reg. No:			Contact:		
LTD AND PLC COMPANIES ONLY			Directors Names 1:		
Company Registration No.			2	4	
Date of Incorporation			3	5	

SOLE TRADERS & PARTNERSHIPS

Name 1	Date of Birth
Home Address	
Name 2	Date of Birth
Home Address	

I authorise a personal credit check to be carried out. Please tick box to confirm

BUSINESS/TRADE REFERENCES

1 Company name		Phone
Address		Fax
	Post Code	E-mail
2 Company name		Phone
Address		Fax
	Post Code	E-mail

SIGNATURES

We reserve the right to make credit checks in relation to this account which is subject to status. I / We declare that the above information is correct and that I / We have read and agreed to your conditions of hire and sale of products to customers and businesses the terms of which apply in all contracts between Smiths Equipment Hire Ltd. and I / us to the exclusion of all other terms and conditions of trading. This is a consumer Hire Agreement regulated by the Consumer Credit Act 1974; sign it only if you want to be legally bound by its terms. I have read and understood the terms and conditions set out on this form.

Data Protection Act 1998 We reserve the right to carry out a credit search with a credit reference agency in relation to this account, which is subject to status and will be recorded. We may also credit search the principle partners / directors; that search will also be recorded and shown on subsequent searches. We will monitor and record information relating to your trade performance and such records will be made available to credit reference agencies, credit circle members and other businesses in assessing applications for credit and if necessary, for tracing debtors and fraud prevention.

Consumer Credit Act 1974 If you enter into this agreement by post, telephone or on our business premises, then it will be binding on you and cannot be cancelled. You should only sign if you wish to be bound by the agreement.

Authorised Signature	Date
Print Name	Position



KEEPING YOU INFORMED

We would like to keep you informed by letter, phone, E-Mail and mobile messaging about products, TICK BOX IF NOT REQUIRED

Table with 3 columns: Key contact, Name, Email. Rows include Health & Safety Bulletins, New Product Info, Smiths Newsletters.

DO YOU HAVE 'HIRED IN' PLANT INSURANCE (Please tick only 1 box below and complete as applicable)

Form with checkboxes for insurance status and fields for Name of Insurer, Policy No, Renewal Date, Sum Insured, and Policy Excess.

SMITHS HIRE PROTECT - LOSS AND DAMAGE WAIVER

(BY TICKING THE APPROPRIATE BOX YOU ARE AGREEING TO ADD SMITHS HIRE PROTECT TO ALL HIRES) Please see the Smiths Hire Protect customer summary of cover for more details.

Form with checkboxes for 15% and 10% net hire charge protection against loss and damage.

EQUIPMENT AND PRODUCTS YOU MAINLY USE

Form with checkboxes for Tools, Lifting, Power, Access, Pumps, Plant, Survey, Training and fields for Other Products, Anticipated Monthly Spend, and currency.

ACCOUNT MANAGEMENT

Form with questions about invoice processing, E-Mail billing, and weekly live hire email reports.

SMITHS INTERNAL USE ONLY

Table for internal use with columns for Cust Acc No., Director Apprvl 1, Director Apprvl 2, Auth Credit Limit, Sales Rep, Credit Score, Insurance Checked, Credit Score Limit, Date Auth., Review Date, Business Type, Monthly T/O, Pricing Agreed.

Notes: