

Full Trading Name:

Ltd Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/>	
Trading Address	
	Post Code
Telephone No.	Fax No.
VAT No.	How long trading
Type of Business	
Annual Sales	

Ltd Co. Registration No.	
Managing Director's Name	
Reg. Office	
	Post Code
Telephone No.	Fax No.
Sales email address:	
Accounts email address:	

Sole Trader or Partnership please complete the following for all Partners (use a separate sheet if necessary)
If a limited company, please supply a Director's name - home address not required.

Sole Trader/Partner No.1/Director	
Full Name	
Home Address	
	Post Code
Telephone No	
Payments Contact	
Department	
Telephone No	
Fax No	
2 nd Contact Name	

Partner No. 2	
Full Name	
Home Address	
	Post Code
Telephone No	
Bank Reference Bank/BS	
Address	
	Post Code
A/c No.	Sort Code
Name of Account	

Trade Reference No. 1	
Name	
Address	
	Post Code
Telephone No	
Fax No	
Contact	

Trade Reference No. 2	
Name	
Address	
	Post Code
Telephone No	
Fax No	
Contact	

Amount of Credit Required £	per	Note: Trade references should be able to speak for a credit figure of this level
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In the event that credit is offered, our Trading Terms are 30 days Nett of Invoice Date

Personal Guarantee Please read & sign the following declaration	
<p>I (the undersigned) agree that all transactions of hire or sale entered into by my company (known as 'The Customer') shall be subject to South Coast Tool Hire's 'Conditions of Hire or Sale', as the case may be, operative at the time of any contract of hire or sale. I will make full settlement of all monies due within one month from the date of South Coast Tool Hire's invoice and I have answered all questions on this application form truly and fully. I hereby, personally guarantee payment in respect of all sums due from my company ('The Customer') to South Coast Tool Hire, together with all ancillary costs incurred. I have retained a copy of this form for my records.</p>	
Signed	Date
Full Name	

I/We agree the credit account facility will be on your stated terms & that adherence to this obligation is the essence of the contract between us.	
Signed	Date
Full Name	
Position	
For and on behalf of	

Please fax this form back to: **01202 66 00 28** Issue 1. April 2013