

MECHPLANT NORTH WEST LTD CREDIT APPLICATION FORM
SCHOFIELD STREET T:01706 370111 email : hire@mechplantnw.co.uk
LITTLEBOROUGH OL15 OJS F:01706 377634

COMPANY NAME (IN FULL)		
TRADING ADDRESS	CONTACT NAME	REG OFFICE ADDRESS & REG NO
	TEL NO	
	FAX NO	
POST CODE		POST CODE
INVOICE ADDRESS IF DIFFERENT FROM ABOVE	FULL NAMES & ADDRESSES OF ALL PARTNERS OR SOLE TRADERS	
PLEASE STATE IF ORDER NO REQUIRED (YES / NO)		
TRADE REFERENCES PREFERABLY PLANT HIRE COMPANIES		
NAME	<u>1</u>	<u>2</u>
ADDRESS		
POST CODE		
TEL NO		
HAVE YOU EVER BEEN A DIRECTOR OF A COMPANY WHICH HAS HAD A RECEIVER OR LIQUIDATOR APPOINTED ? (YES OR NO) IF YES GIVE DETAILS.		
<u>PLEASE ENCLOSE A LETTERHEAD WITH YOUR APPLICATION</u>		
<u>WE CONFIRM ACCEPTANCE OF C.P.A. HIRE CONDITIONS ATTACHED.</u>		
<u>SIGNED (DIRECTOR/ PARTNER/PROPRIETOR;</u>		
INSURANCE DETAILS AND CONTACT NUMBERS	BANK DETAILS	
<u>DO NOT FILL IN SHADED AREAS</u>		
REFERENCES	1	2
HOW LONG KNOWN		
AVE MONTHLY ACCOUNT		
AVE RATE OF PAYMENT (30/ 45/ 60 DAYS)		
CREDIT LIMIT		
ANY OTHER COMMENTS		
DATE		