

PRIVATE AND CONFIDENTIAL APPLICATION TO OPEN A CREDIT ACCOUNT

Full Name:

Trading Address:

Tel: Fax:

Registered Office:

Co. Reg. No: Date Established:

VAT Reg No: A/C's Contact:

Partners/Directors:

Bankers Full Name and Address:

Sort Code: A/C No:

Trade References (please give full address)

1: 2:

Tel: Tel:

Fax: Fax:

Credit Limit required per month:

We, the undersigned, being a Director/Directors of the applicant Company jointly and severally guarantee performance of all the Company's financial obligations to BHE Plant Limited.

Signed: (Must be a Director/Partner)

Date:

1. Please complete the form and return to the above address.
2. Please enclose a company letterhead
3. Please complete the Insurance form to ensure you are covered adequately in the event of a claim.

HEAD OFFICE USE ONLY: Account Number: Date:

FORM	REFERENCES	LETTERHEAD	INSURANCE	APPROVED BY



EQUIPMENT RENTAL

BHE Plant Limited, Po Box 1006, Stratford-upon, CV37 9YZ
T: 01789 292928 F: 01789 292922 E: turriff@bheplant.prestel.co.uk W: www.bhe.co.uk

CREDIT ACCOUNT INSURANCE FORM

Company Name:

Account number (BHE use):

INSURANCE:

IT IS THE RESPONSIBILITY OF THE HIRE TO MAKE GOOD TO THE OWNER ALL LOSS OF OR DAMAGE TO EQUIPMENT. ACCORDINGLY THE HIRER MUST HAVE ADEQUATE INSURANCE COVER IN OPERATION. THE HIRER MUST HAVE ADEQUATE INSURANCE COVER FOR RESIDUAL HIRE CHARGES AS PER CPA CONDITIONS

Insurance Company:

Telephone No:

Policy Number:

Policy Type:

Policy Renewal Date:

Policy Cover:

IT IS THE RESPONSIBILITY TO NOTIFY THE OWNER OF ANY CHANGE OF THE ABOVE POLICY.