

Company Name

Contact Name

Trading Address

..... Post Code

Telephone Number Fax Number

Mobile Number Email

Please circle - Sole Trader Yes/No Partnership Yes/No Limited Co Yes/No

Please list Home Names & Addresses of Partners/Directors

1 Post Code

.....

2 Post Code

.....

Company Registration No VAT No

Nature of business

How long established Monthly Credit Required

Person responsible for accounts Telephone No

Bank Reference

Name and Address

Bank Account No Sort Code

Trade References – Please provide full name, address & telephone no of 2 independent trade references with which you have had credit facilities for over 1 year.

Reference 1

.....

Tel No Fax No

Reference 2

.....

Tel No Fax No

I/We hereby apply for a Credit Account with UHire; I confirm that all information provided is true and complete.

I/ We agree to abide by UHire terms and conditions of trade and that I/We will pay all invoices within 30 days from date of invoice.

I agree that UHire may carry out credit reference checks at their discretion.

Signed Print Name

Position Date

