

BUSINESS ACCOUNT CREDIT APPLICATION



To complete the form, print it out and answer the following questions. Please use **BLOCK CAPITALS**. Return the completed form to allow us to get your hire started.

Return the form with a copy of your headed paper.

1. By email – Scan and send the completed form to info@caservices1.com or
2. By post – Send the completed form to: C A Services (NI) Ltd, 126 Old Ballynahinch Rd, Lisburn, BT27 6TH

FOR LIMITED/PLC COMPANIES

ABOUT

Trading Name Nature of Business

Registered Office Address

Postcode Company Registration Number

VAT Registration Number Date Business Established

Telephone

Email Company Website

INVOICING

Invoice Statement Address

Postcode Accounts Contact Name

Telephone Email

BUYING

Head Purchaser/Buyer Name

Telephone Email

BUSINESS ACCOUNT CREDIT APPLICATION



FOR LIMITED/PLC COMPANIES (CONTINUED)

TRADE REFERENCE 1

Company Name Contact Name

Telephone Email

Company Address

Postcode

TRADE REFERENCE 2

Company Name Contact Name

Telephone Email

Company Address

Postcode

HIRE PRODUCTS

What do you expect you will be hiring?

Toilets

Tools

THE SMALL PRINT

I/We accept and agree to comply with C A Services Terms and Conditions. I/We confirm that all the information is true and complete. I/We give my/our consent to a credit search being made on me/us as Owner(s)/Partner(s)/Director(s) of this organisation both now and at any future date. I understand this search will be recorded by the agency and may be disclosed to subsequent enquiries.

Signature Position

Print Name Date

I confirm that I have read and agree to the Terms and Conditions overleaf.