

Credit Application for a Business Account



| Business Contact Information | | |
|--|--|---|
| Company Name: | | Date business commenced: |
| Trading as (If different): | | |
| Tel/Fax: | | <input type="checkbox"/> Partnership <input type="checkbox"/> Limited |
| E-mail: | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other |
| Registered company address | | Company Reg _____ |
| Postcode: | | VAT No _____ |
| Invoice Address: <i>(if different to above)</i> | | Person responsible for accounts: |
| E-mail: | | Do you require order numbers Y/N |

| Business and Credit Information | | | |
|----------------------------------|--|-----------------|---|
| Principal Directors/Proprietors: | | Bank name: | |
| Home Address: | | Bank Address: | |
| DOB: | | Account Number: | |
| Sort Code: | | Payment Method: | <input type="checkbox"/> Cheque <input type="checkbox"/> Bacs <input type="checkbox"/> Direct Debit |

| Business/Trade References | |
|---------------------------|---------|
| Company name: | Phone: |
| Address: | Fax: |
| | E-mail: |
| | Other: |
| Postcode: | |
| Company name: | Phone: |
| Address: | Fax: |
| | E-mail: |
| | Other: |
| Postcode: | |



Credit Application for a Business Account



Damage & Theft/Loss Waiver

Your account will automatically be protected by our "Lincs Guard" Damage & Theft/Loss waiver scheme on all hires, charged at 15% of the hire rate only. You may downgrade your cover by providing **PROOF of own "Hired in Plant"** insurance. Please tick where appropriate.

- 15% Damage & Theft/Loss Waiver (No Hired in Plant Insurance).
 I/We enclose a copy of our "Hired In Plant" insurance showing the level of cover in place.

Lincs Guard will be applied to all customers **NOT** supplying **PROOF** of own "Hired in Plant" insurance and is **MANDATORY** for cash customers.

Agreement

1. All invoices are to be paid 30 days from month end.
2. Queries arising from invoices must be made within seven working days or the query may be rejected.
3. By submitting this application, you authorize Lincs Lifts Ltd to make inquiries into the banking and business/trade references that you have supplied.
4. It is the Hirers responsibility to off hire machines.

Signatures

| | | | |
|-----------------|--|-----------------|--|
| Signature: | | Signature: | |
| Name and Title: | | Name and Title: | |

PLEASE SEE SEPARATE SHEET FOR TERMS AND CONDITIONS.

For Office Use Only:

Authorisation Signature: _____ Account No: _____
Credit Limit: _____ Date Account Opened: _____
Review Date: _____ Sales Person: _____

