**Credit Application for a Business Account**

Please complete and return the following form to hiredesk@skylinehire.co.uk or to Skyline Hire Ltd, Unit 18c Icknield Way Business Park, Tring Road, Dunstable, Beds. LU6 2JX.

All information provided will be treated with the strictest confidence.

|  |
| --- |
| **COMPANY DETAILS**  |
| **Company Name:** |  | **Type of Business:** |

|  |
| --- |
| [ ]  Sole proprietorship |
| [ ]  Partnership |
| [ ]  Corporation |
| [ ]  Limited Company  |

 |
| **Registered Name: (if different)** |  | **Date of company registration:** |  |
| **Company Address:** |  | **Registration number:** |  |
| **Telephone:** |  | **VAT number:** |  |
| **Email:** |  | **Fax:** |  |
|  |  |  |  |
| **PURCHASING CONTACT** |
| **Name:** |  | **Address: (if different)** |  |
| **Position / Title:** |  |  |  |
| **Telephone:** |  |  |  |
| **Email:** |  |  |  |
|  |
| **ACCOUNTS AND INVOICING DETAILS** |
| **Name:** |  | **Invoice Address: (if different)** |  |
| **Telephone:** |  |  |  |
| **Email:** |  |  |  |
| **Invoicing Preference:** | Email [ ]  | Post [ ]  |  |
| **Statement Preference:** | Email [ ]  | Post [ ]  |  |
|  |  |  |  |
| **TRADE REFERENCES** |
| **Trade Reference 1:** | **Trade Reference 2:** |
| **Name:** |  | **Name:**  |  |
| **Address:** |  | **Address:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **Email:** |  | **Email:** |  |
| **Account Number:** |  | **Account Number:** |  |

|  |
| --- |
| **CREDIT REQUIRED** |
| **Anticipated Monthly Credit Required:** | £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **COMPLETED BY** |
| Payment terms are strictly 30 days from date of invoice. I hereby agree to the above conditions of supply. |
| **Name (print):** | **Signature:** |
| **Position / Title:** | **Date:** |