

Your Equipment Solutions ACCOUNT APPLICATION FORM Tel: (01324) 467000



NOTE: PLEASE complete in BLACK ink using BLOCK CAPITALS

A YOUR COMPANY

COMPANY NAME / SOLE TRADER: (IN FULL)

FULL NAME:

TELEPHONE NO:

COMPANY NUMBER:

EMAIL:

COMPANY ADDRESS:

POST CODE:

ACCOUNTS CONTACT NAME:

ACCOUNTS EMAIL:

ACCOUNTS TELEPHONE NO:

PLEASE NOTE, To do our bit and protect the environment, all invoices and statements will be sent to your company electronically.

Please tick the box if you prefer to receive paper documentation.

B BUSINESS TYPE

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> CONSTRUCTION/
CONTRACTOR | <input type="checkbox"/> SELF BUILD | <input type="checkbox"/> MANUFACTURING/
AGRICULTURAL | <input type="checkbox"/> LANDSCAPING |
| <input type="checkbox"/> RETAIL/
TRANSPORT | <input type="checkbox"/> PAINTING/
DECORATING | <input type="checkbox"/> CATERING/
HOTELS | <input type="checkbox"/> PLUMBER/
ELECTRICIAN/
M&E |

OTHER:

C IS YOUR COMPANY LIMITED? YES NO

YES If yes please attach a copy of your company's letterhead with registration number and go to section D.

NO If NO, please complete the section below.

How many years have you been trading at this address?

If less than 3 years, what was your previous address?

ADDRESS:

POST CODE:

PARTNER(S) NAME, ADDRESS and D.O.B.:

D SPECIAL INSTRUCTIONS

Will you supply any order number?

YES NO

Have you any other special instructions?

E ANTICIPATED ANNUAL SPEND

£0 - £50 £50 - £500 £500 - £5,000 £5,000 PLUS

F BANK DETAILS

NAME OF BANK:

ACCOUNT NO: (Last box to be used for Giro Bank, 9 digit accounts) SORT CODE:

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BRANCH ADDRESS:

G REFERENCES

Please provide the details of two referees

REFERENCE NAME:

CONTACT DETAILS:

REFERENCE NAME:

CONTACT DETAILS:

H GUARANTEE

Please read and sign the following declaration

"I (the undersigned) agree that all transactions of hire or sale entered into by my company (known as "The Customer") shall be subject to Your Equipment Solution's 'Conditions of Hire or Sale', as the case may be, operative at the time of any contract of hire or sale. I will make full settlement of all monies due within 30 days from end of month following the date of Your Equipment Solution's invoice. I hereby, personally guarantee payment in respect of all sums due from my company ("The Customer") to Your Equipment Solution, together with all ancillary costs incurred. I have retained a copy of this form for my records."

SIGNATURE OF DIRECTOR/PROPRIETOR:

DATE:

FULL NAME: (please print)

POSITION: (within company)

BRANCH USE ONLY

Auth by

Date

DATA PROTECTION. The information you provide will be held in accordance with the data protection Act 1988 and will be used by Your Equipment Solution and its trading divisions. We may contact you from time to time about other products and services available from us and may release your company details to other selected companies whose products we believe will be of interest to you. If you do not want to receive such offers please write to us at: Your Equipment Solution, Block3, Unit A, West Mains Industrial Estate, Grangemouth, FK3 8YE

KEEPING YOU INFORMED. We would like to keep you informed about products, services and additional benefits that we believe may be of interest to you.

Please tick the box if you do not wish to receive product updates