

RINGWOOD & FORDINGBRIDGE





Office: 01425 652696 Email: info@rfskiphire.co.uk

Applicant Business Name											
Address											
Contact Name				Р	Position						
	Tel:			N	Mobile:			Email:			
Invoice Address											
(if different)											
Tel:			Fax:					Email:			
Nature of Business			Number of years trading in current sty			le		Company Registration Number			
Company Type	Sole Trade		der		Limite	d Company		PLC		Partnership	
For Partnership and Sole Tra	ader, pleas	se list na	mes and ho	me a	ddresses	of all partners	, or Sole	e Trader on the rever	se of this	form	
VAT Registration Number											
Bankers Name and Address											
Bankers Sort Code	unt Num	ber		IBAN							
Trade References - Please list two trade suppliers with whom you are currently trading											
Name and Address:						Name and Address:					
Contact:					(Contact:					
Email:						Email:					
Anticipated amount of credit	required				<u>'</u>						
Application completed by (P	rint Name))			[Date					
All applications must be con	npleted in	full, sign	ed and acc	ompa	anied by a	letterhead, a	nd forwa	arded to our address	;		
Signature					ı	Position					
FOR OFFICE USE ONLY											
Checked By						Date					
Approved By						Date					
Account Number						CreditLimit		P/	AYMENT	TERMS: 30 DAYS	
Account Manager											