

Credit Application Form



1. Company Details

Full Trading Name:

Registered Office Address:

Post Code:

Contact Name:

Telephone No:

Mobile Number:

Fax No:

Primary E-mail Contact:

Secondary E-mail Contact:

Company Reg No:

No of Years Trading / Business:

Turnover last year (approx)

2. Amount of credit required with Lift Ltd - This is a required field

Amount of Credit required:

3. Invoice Address - Only fill this section in if you require the invoices to be sent to a different address

Name:

Address:

Post Code:

Telephone Number:

Mobile Number:

Accounts E-mail:

4. Name, address and telephone number of Director/Proprietor/Major Shareholder, and if applicable Ultimate Holding Company:

Name:

Address:

Post Code:

Telephone Number:

Mobile Number:

E-mail:

5. Bank details

Bank Name:

Bank Address:

Post Code:

Bank Sort Code:

Account Number:

6. Please give name & address of insurers in respect of hire plant:

Name:

Address:

Postcode:

Two Credit References (where other accounts are held)

Company Name:

Telephone Number:

E-mail:

Company Name:

Telephone Number:

E-mail:

7. Have any directors or Shareholders of this company been involved with a company which has ceased trading?

Answer: (YES or NO)

(if yes, please give details on a separate sheet)

8. We / I apply for monthly credit with Lift Ltd and agree to settle all accounts to terms. We / I understand that all hires are subject to Lift Ltd Terms & Conditions. We / I hereby certify that the information herein is correct and truthful to the best of my knowledge.

Signature of Applicant:

Print Name:

Date:

9. DIRECTORS PERSONAL PAYMENT GUARANTEE - APPLICABLE TO ALL LIMITED COMPANIES

In consideration of Lift Ltd agreeing to supply credit, I/We Director(s) personally guarantee to terms of all sums of credit hereafter given to the above company. I/We agree that my liability under this guarantee shall not be impaired or discharged by Lift Ltd giving time or indulgence to the company. I/We understand that to rescind this guarantee, I/We must give 30 days notice in writing, which must be acknowledged, to Lift Ltd, and that I/We shall remain responsible for credit given up to and including the 30th Day.

Signature of Director:

Print Name:

Date:

Please then post original to Lift Ltd, Unit 3, Burgess Road, Leicester LE2 8QL.

A representative from Lift will contact you to confirm if your account has successfully been opened and activated for you.

This application is in agreement with our Conditions of sale and hire.