Credit Account Application Form

Equipment Rental Specialists



CONFIDENTIAL

Please email completed application form to: accounts@kdmhire.com

Alternatively send via post to:

Accounts Department KDM Hire Ltd 11 Killycolp Road Cookstown County Tyrone Northern Ireland BT80 9AD

If you have any problems completing this form please contact our head office on 028 8676 8810

kdmhire.com



CREDIT ACCOUNT APPLICATION FORM

Company Name: Address:	
	Post Code:
Telephone No.	Mobile No.
Email:	
Sole Trader/Partnership/Registered Company: Home Address & Name of Proprietor/Partners/Directors	1.
2.	Post Code:
	Post Code:
Nature of Business: VAT Registration No.	How long business established:
Company Registration No.	Monthly Credit Requirement :
Person Responsible for Accounts:	Telephone No.
Bank Reference: Bank Name & Address:	
Post Code:	
Email:	
Bank Account No. Sort Code:	
Trade References - please provide full name, address ar credit facilities for over 1 year.	nd telephone No. of 2 independent trade references with which you have had
Reference 1	
Tel No. Email:	
Reference 2	
Tel No. Email:	
I hereby apply for a Credit Account with KDM Hire Ltd. I agree to be bound to the conditions of KDM Hire Ltd. I agree that KDM Hire Ltd. may carry out credit reference	I confirm that all information provided is true and complete. e checks at their discretion.
Position: Date:	
Office Use only Trade Reference 1: Satisfactory Y/N	Trade Reference 2: Satisfactory Y/N
Credit Check completed Y/N	Account Authorised/Declined
Other Notes:	
Signed: Date:	/ /