

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

CONSTRUCTION/ CONTRACTOR  
  SELF BUILD  
  MANUFACTURING/ AGRICULTURAL  
  LANDSCAPING  
 RETAIL/ TRANSPORT  
  PAINTING/ DECORATING  
  CATERING/ HOTELS  
  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:

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 Alloa Hire Centre'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 Alloa Hire Centre's invoice. I hereby, personally guarantee payment in respect of all sums due from my company ("The Customer") to Alloa Hire Centre, together with all ancillary costs incurred. I have retained a copy of this form for my records. Must be signed by a director, partner or proprietor of the business."

SIGNATURE OF DIRECTOR/PROPRIETOR: DATE:

FULL NAME: (please print)

POSITION: (within company)

## BRANCH USE ONLY

Auth by Date

**MARKETING PERMISSION** Alloa Hire Centre Ltd will use the information you provide on this form to be in touch with you and to provide updates and marketing. Please let us know all the ways you would like to hear from us:  EMAIL  DIRECT MAIL

