



PRIVATE AND CONFIDENTIAL APPLICATION TO OPEN A CREDIT ACCOUNT

FULL NAME:

TRADING ADDRESS:

.....

TEL NO: FAX NO: E-MAIL:.....

REG'D OFFICE:

CO. REG. NO:..... DATE ESTABLISHED:.....

VAT REG. NO: A/C'S CONTACT:

PARTNERS/DIRECTORS:

BANKERS FULL NAME AND ADDRESS:

.....

SORT CODE: A/C NO:.....

TRADE REFERENCES (PLEASE GIVE FULL ADDRESS):

1. 2.

.....

TEL NO: TEL NO:

FAX NO: FAX NO:

CREDIT LIMIT REQUIRED PER MONTH:

We, the undersigned, being Director/Directors of the Applicant Company jointly and severally guarantee performance of all the Company's financial obligations to Richmond Plant Hire Limited.

SIGNED: (MUST BE A DIRECTOR/PARTNER)

PRINT NAME: DATE:

1. PLEASE COMPLETE THE ABOVE AND RETURN TO HEAD OFFICE
2. PLEASE ENCLOSE A COMPANY LETTERHEAD
3. PLEASE COMPLETE THE ATTACHED INSURANCE FORM TO ENSURE YOU ARE COVERED ADEQUATELY IN THE EVENT OF A CLAIM OR FORWARD A COPY OF YOUR HIRED IN PLANT POLICY DOCUMENT

HEAD OFFICE USE ONLY: ACCOUNT NUMBER: DATE:

FORM	REFERENCES	LETTERHEAD	INSURANCE	APPROVED BY :



COMPANY NAME:

ACCOUNT NUMBER (Richmond use):

Insurance:

IT IS THE RESPONSIBILITY OF THE HIRER TO MAKE GOOD TO THE OWNER ALL LOSS OF, OR DAMAGE TO EQUIPMENT. ACCORDINGLY THE HIRER MUST HAVE ADEQUATE INSURANCE COVER IN OPERATION. THE HIRER MUST HAVE ADEQUATE INSURANCE COVER FOR RESIDUAL HIRE CHARGES AS PER CPA CONDITIONS.

INSURANCE COMPANY :

TELEPHONE NUMBER :

POLICY NUMBER :

POLICY TYPE :

POLICY RENEWAL DATE :

POLICY COVER :

IT IS THE HIRER'S RESPONSIBILITY TO NOTIFY THE OWNER OF ANY CHANGE OF THE ABOVE POLICY.



Richmond Plant Hire Ltd, wish to bring to your attention that all Plant/Tools are hired in accordance with C.P.A. Model Terms & Conditions (a copy of which is attached)

Please sign your acknowledgement of these terms & conditions and return

I hereby acknowledge and agree to the C.P.A. Model Terms & Conditions of Hire

Company:.....

Name:.....

Signature:.....

Position:.....

Date:.....