

ACCOUNT APPLICATION FORM

Date: _____

PLEASE COMPLETE IN BLOCK CAPITALS

FULL COMPANY NAME:		
ADDRESS:		
COMPANY REGISTRATION NO.		
BANK DETAILS & ADDRESS:		
ACCOUNT NO:		
SORT CODE:		
TRADE REFERENCE 1	TELEPHONE NO: CONTACT:	
TRADE REFERENCE 2	TELEPHONE NO: CONTACT:	
CREDIT LIMIT REQUIRED		
ATTACH A COPY OF YOUR COMPANY LETTERHEAD All hiring is subject to a 20% accidental damage waiver charge, unless a current copy of your hired in plant insurance is maintained at our office. Please attach a copy. We accept that all hiring is subject to CPA Model Terms & Conditions.		
SIGNED:		
	PRINT:	POSITION:
EAGLE OFFICE INFO		

PLEASE RETURN BY FAX TO **0114 269 9147** OR EMAIL TO hire@eagleplatforms.com
TEL: 0114 269 5909