

KEY ACCOUNT APPLICATION FORM

Use this form to receive special notices and discounts ahead of other customers

Date:

PLEASE COMPLETE IN BLOCK CAPITALS

SOURCE INCOMING / OUTGOING

| FULL COMPANY NAME | | | | | | |
|--|----------|--|---|--|--|--|
| REGISTERED ADDRESS | | | TRADING ADDRESS | | | |
| | | | | | | |
| LAND LINE NUMBER | 1, | | LANDLINE NUMBER | | 2, | |
| LISTED DIRECTOR #1 NAME & ADDRESS SIGNATURE | | | OTHER DIRECTOR #2 NAME & ADDRESS SIGNATURE | | | |
| COMPANY REG. NO. | | | VISITED OFFICES / GOOGLE EARTH | | (comments here after receipt of completed application) | |
| REGISTERED | YES / NO | | VAT REG NO. | | | |
| HIRE | | | TEL NO. | | | |
| CONTACT #1 | NTACT #1 | | EMAIL | | | |
| HIRE CONTACT #2 | | | TEL NO. | | | |
| | | | EMAIL | | | |
| ACCOUNTS CONTACT #1 | | | TEL NO. | | | |
| | | | EMAIL | | | |
| ACCOUNTS CONTACT #2 | | | TEL NO. | | | |
| | | | EMAIL | | | |
| MONTHLY CREDIT LIMIT REQ. | | | CREDIT LIMIT REQ. | | | |
| PROOF OF ID RECEIVED | | | PASSPORT | | Other (please specify) | |

EAGLE PLATFORMS LTD REGISTERED IN ENGLAND AND WALES NUMBER: 7665934

| LET'S WORK TOGETHER | T A A A A A A A A A A A A A A A A A A A | EAGLE PLATFORMS LTD RYTON ROAD NORTH ANSTON Sheffield S25 4DL |
|------------------------|---|---|
| | 0 0 | |

| ATTACH A COPY OF YOUR COMPANY LETTERHEAD & VALID 'HIRED IN PLANT' INSURANCE. 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. All hiring is subject to the CPA Model Terms & Conditions of Hire. All accounts are on a strictly 30 days Nett monthly basis. | | | | | | | | | |
|---|------------------------|-----------------------------|--|-------------------------------------|-------------|--|--|--|--|
| Where did you find us? (please tick) | Social Media Advert | Website Word of Mouth | | Google Other (please specify) | Local Radio | | | | |
| CUSTOMER SIGNED | | | | | | | | | |
| PRINT | | POSITION | | | | | | | |
| OFFICE USE O | NLY: | | | | | | | | |
| EAGLE SALES SIGNATURE | | PLANT INSURANCE VERIFIED | | YES / NO and DATE | | | | | |
| INSURANCE CHECKED | | CREDIT LIMIT CHECKED | | | | | | | |
| EAGLE ACCOUNTS SIGNATURE | | WRITTEN ORDER RECEVED | | YES / NO and DATE | | | | | |
| EAGLE DIRECTOR APPROVAL | | DATE | | | | | | | |
| I would like to receive personalised communications based on my preferences, and use of products and services from Eagle Platforms Ltd. on the email addresses provided above. YES / NO | | | | | | | | | |
| PLEASE RETURN BY EMAIL TO : hire@eagleplatforms.com TEL: 0114 269 5909 | | | | | | | | | |

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