

OADES PLANT LTD

(HEAD OFFICE)
CRABTREE ROAD, THORPE IND. EST.
EGHAM, SURREY
TW20 8RN

Traffic Control Plant Hire Specialists
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www.herasfencinghire.co.uk

APPLICATION FOR CREDIT ACCOUNT

REGISTERED NAME	
REGISTERED OFFICE	INVOICE ADDRESS (if different)
TELEPHONE NO.	TELEPHONE NO.
FAX NO.	FAX NO.
PARENT COMPANY/ ASSOCIATED COMPANY	CONTACT NAME FOR PAYMENT

TYPE OF BUSINESS (Please tick where applicable)

Sole Proprietorship	<input type="checkbox"/>	Limited Company (Private)	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Limited Company (Public)	<input type="checkbox"/>

HOW LONG IN BUSINESS _____ V.A.T REG NO _____

PRINCIPAL ACTIVITY _____ COMPANY REGISTRATION NO _____

TRADE REFERENCES:	
1)	2)
TELE NO. FAX NO.	TELE NO. FAX NO.

BANK DETAILS:	TOTAL CREDIT REQUIRED £
BANKERS NAME:	The signature below represents & warrants that a)The party signing is an authorised representative of the company and b) That the information provided herein is complete and accurate as at the date hereof.
ADDRESS:	
ACCOUNT NO:	
SORT CODE:	

Any misrepresentations or fraudulent information provided will be the basis for default under this agreement. By signing this form I expressly authorise Oades Plant to contact the above references to determine credit worthiness

SIGNED

POSITION..... DATE.....

CPA TERMS AND CONDITIONS SENT []

PLEASE NOTE THAT UNLESS ALL SECTIONS ARE COMPLETED FULLY AN ACCOUNT CANNOT BE OPENED.
THE A/C APPLICATION WILL BE PROCESSED ON RECEIPT OF AN OFFICIAL ORDER NUMBER FOR WORKS REQUESTED.

PLEASE ATTACH A COPY OF YOUR **LETTER HEAD**

We understand and will exercise our statutory right to interest under the Late Payment of Commercial Debts (Interest) Act 1998 if we are not paid according to our agreed credit terms.