



London Tool Hire

Tool and Lifting Hire Specialists

Full Trading Name:	
Ltd Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/>	Ltd Co. Registration No.
Trading Address	
Post Code	
Telephone No.	Fax No.
VAT No.	How long trading
Type of Business	
Annual Sales	
Managing Director's Name	
Reg. Office	
Post Code	
Telephone No.	Fax No.
Sales email address:	
Accounts email address:	

Sole Trader or Partnership please complete the following for all Partners (use a separate sheet if necessary)
If a limited company, please supply a Director's name - home address not required.

Sole Trader/Partner No.1/Director	Partner No. 2
Full Name	Full Name
Home Address	Home Address
Post Code	Post Code
Telephone No	Telephone No
Payments Contact	Bank Reference
Department	Bank/BS
Telephone No	Address
Fax No	Post Code
2 nd Contact Name	A/c No.
	Sort Code
	Name of Account

Trade Reference No. 1	Trade Reference No. 2
Name	Name
Address	Address
Post Code	Post Code
Telephone No	Telephone No
Fax No	Fax No
Contact	Contact

Amount of Credit Required £ _____ per _____ **Note: Trade references should be able to speak for a credit figure of this level**

In the event that credit is offered, our Trading Terms are 30 days Nett of Invoice Date

Personal Guarantee Please read & 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 London Tool Hire'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 one month from the date of London Tool Hire's invoice and I have answered all questions on this application form truly and fully. I hereby, personally guarantee payment in respect of all sums due from my company ('The Customer') to London Tool Hire, together with all ancillary costs incurred. I have retained a copy of this form for my records.	
Signed	Date
Full Name	

I/We agree the credit account facility will be on your stated terms & that adherence to this obligation is the essence of the contract between us.	
Signed	Date
Full Name	
For and on behalf of	Position

Please fax this form back to: 020 7511 1377

Issue 1. June 2011