

## ACCOUNT APPLICATION FORM

Ver 080411

To: Credit Controller, Carey Tool Hire Ltd. - Tel 021 4312222 - Fax 021 4316888 - Email: alynch@careytools.com

STATUS (tick)	INDIVIDUAL <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	LIMITED COMPANY <input type="checkbox"/>
COMPANY NAME (as registered)			
TRADING NAME (if different)			
POSTAL ADDRESS			
REG. CO. ADDRESS			
CO. REG NO.		VAT NO.	
TEL& MOB NO.	(        )                    / (        )	FAX NO.	(        )
NAMES OF COMPANY DIRECTORS			
NAMES OF COMPANY CONTACTS			
PURCHASING:		ACCOUNTS PAYABLE:	
Email address for Invoices and Statements:			
BANK DETAILS		SORT CODE:	
BRANCH:			
ESTIMATED BUSINESS PER MONTH:			
ARE ORDER NUMBERS REQUIRED?		YES / NO (circle appropriate answer)	
TRADE REFERENCES			
1.	2.	3.	
Tel:	Tel:	Tel:	

I understand that your credit terms are 30 days from date of invoice and undertake to ensure that all goods purchased or hired from Carey Tool Hire Ltd., or its assignee, will be paid strictly in accordance with these terms. I accept that interest on payment of accounts in excess of 30 days in accordance with the European Communities (Late Payment in Commercial Transactions) Regulations 2002 may be levied. I also understand that your terms include a reservation of title clause.

In consideration of Carey Tool Hire Ltd. opening an account with the above business, I hereby personally guarantee due payment of all monies which are or may become due and owing by said business to Carey Tool Hire Ltd. should all or any of such monies remain unpaid for a period in excess of seven days after demand has been made by Carey Tool Hire Ltd., or its assignee, to discharge same.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_/\_\_/\_\_

POSITION: \_\_\_\_\_ (to be signed by a PROPRIETOR / DIRECTOR/ ACCOUNTANT)