

NEW CUSTOMER ACCOUNT FORM

Company Details				
Trading Name:				
Registered Office Address:				
Tel No:		Email:		
Type of Industry:			Date of Incorporation:	
Company Reg No:		Company VAT		
Office Invoice / Statement Address:				
Accounts			I	
Accounts Contact:			Tel No:	
Credit Limit Required:		Email (Invoicing/Statements):		
Type of Organisation:	Sole Trader:	Limited:	PLC: □	
Managing Director				
Name:				
Address:				
Tel No:		Email:		
<u>Trade References</u>				
1) Name:				
Address:			T	
Tel No:		Email:		
2) Name:				
Address:				
Tel No:		Email:		
Do you use Purchase Order Numbers?	Yes:	No:	If yes, what is your standard format?	
Please read and tick to confirm you understand and agree to the following:				
I/We accept and agree to comply Conditions for the Hiring of Plant (20		nditions specifically that when plant is	s hired, it is done so under the Const	ruction Plant Hire Associations Model
☐ I/We agree that payment of all acco	unts will be made to Pownall Plant'	s within the stated terms of payment	and in accordance with your credit	limit.
☐ I/We give permission to contact the	above Trade References about me	/ us for the purpose of this applicatio	on.	
Application to b	oe submitted with a Compa	ny letterhead, a copy of your	r hired-in plant insurance an	d director photo ID
Please print and sign				
	Applican	ts Signature:		
	Print Nar	me:		
	Job Title:			
	Tel No:			
	Date:			7
	Where did you hear			

Due to GDPR law - we are advised to inform you that we will hold your personal details as per our GDPR policy for legitimate business reasons. This Policy can be requested from us and should you wish to be removed in the future please request in writing.

about us?