

J. K. ASHBROOK LTD

Trading Entity Details			
Full Trading Name of Applicant			
Telephone Number		Fax Number	
Email Address		Website	
Trading Address			
Registered Office (if different to above)			
If the above trading entity is a partnership please give full details (not initials) and private address of ALL Partners. If more space needed please attach separate sheet with details.			
1)			
2)			
3)			
4)			
Invoicing and Bank Details			
Name of Managing Director/Senior Partner			
Telephone Number		Email	
Name of person responsible for payments			
Telephone Number		Email	
Bank Name and Address			
Name and Address of 2 Principal Trade References			
Telephone Number		Telephone Number	
Fax Number		Fax Number	
Requirements of our insurers			
1)	You hereby confirm that you accept the J.K. Ashbrook Ltd terms and conditions specifically that when plant is hired it is done so under the Construction Plant Hire Associations Model Conditions for the Hiring of Plant (2001).		
2)	Two forms of ID must be provided by the Applicant signing below, forms of ID acceptable to our insurers are: Driving Licence, UK Passport, Bank Statement, Debit or Credit Card, Utility Bill		
Declaration by Applicant (Director or Partner to Sign)			
I being an authorised officer of this business, request you to open a credit account. I agree that payment of all accounts will be received by you (our supplier) within your stated terms of payment (30 days) and appreciate that adherence to this obligation is the essence of the contract between us.			
Signed		Position	
Name		Date	

Please forward a copy of your Letterhead when returning this form to 01477 533132 (fax)