



Application to Open a Monthly Credit Account.

Walkinstown Green, Dublin 12. T: 01 450 7747 F: 01 4516474

Name of Company:- _____

Business Address:- _____

Telephone No: _____ Fax No: _____ Mobile No: _____

Web Address: _____ Email: _____

Registered Office(If different from above) _____

Company Number: _____ Name of Directors: _____ Accounts Contact: _____

Amount of Monthly Credit Required: € _____

Trade references:

Trade Ref 1 :

Account No: _____
Accounts Contact: _____
Telephone: _____
Fax: _____

Office Use Only:

F.C: _____ D.C: _____ Co.D _____
Opened: _____
Disc: _____
Credit A/D: _____

Trade Ref 2 :

Account No: _____
Accounts Contact: _____
Telephone: _____
Fax: _____

Please note that credit is granted on the conditions stated on the reverse of this application form and on each hire contract payment terms are strictly 30 days nett. No settlement discount.
In consideration of "A-Z Hire Limited" agreeing to open a monthly account I _____ being a director of _____ agree that all transactions of Hire/Sales and that I will make full settlement of all monies due within one month from the date up to which the account is billed and that the questions have been fully and fully answered. I hereby personally guarantee payment in respect of sums due to the company "A-Z Hire Limited" together with all ancillary costs incurred I have retained a copy of this form for my records

Signature: _____ Date: _____ Position: _____