

APPLICATION FOR CREDIT FACILITIES

Please complete the below form and email to accounts@ambrosehire.co.uk

Company name:	Invoice address if different:
Address:	
Post Code:	Post Code:
Telephone No:	Telephone No:
Company Registration No:	Vat registration no.
E-mail address accounts:	E-mail address operations:
Name and address of bank:	
Bank Sort Code:-	
Account Number:	
	full names(s) and addresses of proprietor/partners:-
1	2
TDADE DECEDENCES Diagra cumply name ad	dress telephone number of two trade references:-
1	2
E-mail address:	E-mail address:
E-mail address:	E-mail daaress:
TEL. No.	TEL No.
Declaration .	
he undersigned am authorised to sign on behalj	f of the above named applicant(s) and as such agree that Ambrose I
	ankers, credit reference agencies and trade referees, on the applicant
* * * * *	formation as necessary in connection with this application for credit rence agency used by Ambrose Hire Limited will maintain a record of
	ion for credit and such information may be shared with other business
o acknowledge receipt of Ambrose Hire terms a	nd conditions of trade and agree to be bound by same. Payment te
ictly 30 days from date of invoice. Please provide ant or Contractors All Risks insurance certificate (a	with this application form, an original letter head, a copy of your Hire sapplicable).
NAME:	POSITION
Signature:	DATE: