

Account Application Form



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<i>Internal Use Only</i>
Account No.
Credit Limit

<p>Please Fax Completed form to</p> <p>01352 733990</p> <p>Or Email: info@brynthomascranes.com</p>
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Applicant Details

Full Company Name		PLC / Limited / Partnership / Sole Trader Delete as applicable
Trading Address	Company Registration No.	
	Telephone	
	Fax	
Post Code	VAT Registration No.	
Invoicing Address (If Different)	Post Code	
Trade Reference Name & Address	Telephone	
	Fax	

Contact Details

Purchase Ledger Contact	Operations Contact
Telephone	Telephone
Email	Email

Bank Details / Consent Form

Bank Name	Sort Code
Bank Address	Account No.
	Requested Credit Limit

I/We consent to the above named bank providing Bryn Thomas Cranes Limited with a reference as and when they may require.
To be signed by mandated bank signatory only.

Authorised Signatory Position

Print Name Date

Authorisation

I/We confirm that we accept the general conditions of Bryn Thomas Cranes Ltd and CPA conditions. By making the afore mentioned application I/we agree to abide by them in all matters relating to the supply of goods and services from Bryn Thomas Cranes Ltd, unless other terms have been agreed in writing.

Payment terms: Net 30 days from invoice date

I/We also agree to supply a copy of our 'Hired in Plant' insurance policy and understand that failure to do so will result in a Subrogation Waiver charge of 16% of the net job price.

Director's Signature
Print Name Date