

ORBITAL EQUIPMENT

L I M I T E D

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APPLICATION FOR CREDIT ACCOUNT		Date
1. Company Trading Name:	2. Accounts Contact: Tel: Fax:	
3. Address: Tel: Fax:	4. Registered Office: (if different from trading address)	
5. Are trading premises: Owned/Rented	6. Nature of Business:	
7. Date established:	8. If a Limited company, Registration No.	
9. If not limited please supply full name and address of proprietor/partners	10. Name and Address of Bankers:	
11. Credit Limit requested:	12. Do you normally issue order numbers? YES/NO	
13. Three Trade Reference (one of which must be a plant hire company)		
A) Name Address Tel: Fax Nature of business	B) Name Address Tel: Fax Nature of business	
C) Name Address Tel: Fax Nature of business	Our terms and conditions state the hirer is responsible for loss or damage. Are you insured? YES/NO Insurance Company: Address: Policy No.: Please attached copy of insurance	
Signature:	Position Held:	
CPA TERMS AND CONDITIONS APPLY		
OUR RATES ARE BASED ON A MINIMUM OF 9 HOURS PER DAY ON SITE		
ACCOUNTS ARE STRICTLY 30 DAYS		

