

# New Parking Account Application Form



## APPLICANT'S DETAILS

**NB: All new Customers are required to pay 1 month in advance by Credit Card & all further payments by Direct Debit!**

FULL NAME:

TRADING AS:

ADDRESS:

TEL NO:

EMAIL:

MOBILE NO:

NUMBER OF YEARS TRADING:

VAT NO:

## PARKING DETAILS

HOW MANY SPACES DO YOU REQUIRE?

WHAT TYPE OF VEHICLE WILL YOU BE PARKING?

HOW LONG DO YOU REQUIRE THE SPACE(S) FOR?

## IF A LIMITED COMPANY

COMPANY REG. NO.

DATE OF INCORPORATION:

REG. NO:

NAME & ADDRESS OF MANAGING DIRECTOR:

CREDIT CARD DETAILS:

EXPIRY DATE:

SECURITY CODE:

## TRADE REFERENCES (PLEASE NOTE THAT OIL, UTILITY & PHONE BILLS ARE NOT ACCEPTED)

CONTACT NAME 1:

TEL:

CONTACT NAME 2:

TEL:

In consideration of **HIRECO TRAILERS LIMITED**, granting me /us a Credit Account, I being a Director/Proprietor agree that all transactions shall be subject to the terms and conditions as set out overleaf which I have read and agree to be bound by. Furthermore, I personally guarantee payment of all sums due at any time to **HIRECO TRAILERS LIMITED** in respect of goods or services supplied, together with all ancillary costs incurred. I have retained a copy of this form for my records. HIRECO operate strict credit terms and will request full payment and return of all trailers if credit terms not adhered to.

PRINT NAME:

SIGNATURE:

POSITION:

DATE:

### CHECK LIST

Trade References  
Credit Card Details

YES  NO   
YES  NO

For official use only - Credit Limit Passed:

HIRECO official: