

# New Parking Account Application Form



## APPLICANT'S DETAILS

**N.B: All new Customers are required to pay 2 month in advance by Credit Card & all further payments by Direct Debit!**

CREDITCARDNO:	EXPIRY DATE:	SECURITY CODE:
FULL NAME:	TRADINGAS:	
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:
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## 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: <input type="checkbox"/>	HIRECO official:
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