Rental Purchase Application Form



APPLICANT'S DETAILS

Debit!	omers are required to	pay 2 month in a	idvance by Credi	t Card & all furthe	er payn	ients by Direct
CREDITCARDNO:				EXPIRY DATE		SECURITY CODE
FULL NAME			TRADING AS			
ADDRESS						
TEL NO:			EMAIL:			
MOBILE NO:			NUMBER OF YEARS TRADING			
VAT NO:						
FLAT CURTAINSIDER TIPPER			EUROLINER DOUBLEDECK			
TROMBONE	BOX VAN	FRIDGE	SKELLY	SLIDER	TANK C	CARRIER
IF LIMITED CO	OMPANY					
COMPANY REG. NO: DATE OF INCOR			PORATION:	REG. NO:		0:
NAME & ADDRESS OF MANAGING DIRECTOR:						
TRADE REFERENCES (PLEASE NOTE THAT OIL, UTILITY & PHONE BILLS ARE NOT ACCEPTED)						
1 CONTACT NAME:				TEL		
2 CONTACT NAME:	:			TEL		
NB - HAVE YOU GOT INSURANCE COVER FOR TRAILERS ATTACHED & DETACHED? YES NO						
IF YES:- HAVEYOUR BROKER FAX CONFIRMATION OF ATTACHED AND DETACHED COVER IF NO:- HIRECO BROKER WILL AUTOMATICALLY INSURE FOR 15% OF HIRE (THIS DOES NOT INCLUDE FRIDGES OR TIPPERS)						
Inconsideration of HIRECOTRAILERS 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 HIRECOTRAILERS 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	SIGNATURE:			
POSITION:			DATE:			
	surance attached	Yes No	Credit	card details	Yes	No 🌑
For official use onl Credit Limit Passed:			HIRECO of	ficial		