

SCAMMELL GROUP

SKIP HIRE - GRAB HIRE - TIPPER HIRE - RORO HIRE - AGGREGATES

01923 605521 - scammellgroup.co.uk

Registered Office & Trading Address: 86 Beacon Way, Rickmansworth, Hertfordshire, WD3 7PD

Email: accounts@scammellgroup.co.uk

CREDIT ACCOUNT APPLICATION FORM

SECTION A - TO BE COMPLETED BY ALL APPLICANTS

FULL NAME OF ORGANISATION OR INDIVIDUAL ("HIRER"):

TYPE OF ORGANISATION (Company/Sole Trader/Partnership/Other):

TRADING ADDRESS AND POSTCODE:

VAT REGISTRATION NO:

ACCOUNT CONTACT NAME AND TITLE:

POSITION HELD:

CONTACT TEL. NUMBER:

CONTACT FAX NUMBER:

CONTACT E-MAIL ADDRESS:

INVOICE / STATEMENT ADDRESS AND POSTCODE (If different from above):

STATEMENT/INVOICE CONTACT NAME AND TITLE:

POSITION HELD:

CONTACT TEL. NUMBER:

CONTACT FAX NUMBER:

CONTACT E-MAIL ADDRESS:

DELIVERY ADDRESS AND POSTCODE (If different from above):

DELIVERY CONTACT NAME AND TITLE:

POSITION HELD:

CONTACT TEL. NUMBER:

CONTACT FAX NUMBER:

CONTACT E-MAIL ADDRESS:

HOW LONG (YEARS) HAS THE ORGANISATION BEEN ESTABLISHED?

HIRER BANK NAME AND ADDRESS:

BANK SORT CODE:

BANK ACCOUNT NUMBER:

Are any of the directors, owners, partners or trustees of the organisation an un-discharged bankrupt? YES/NO

If so, please provide details:

Have any of the directors, owners, partners or trustees of the organisation held any other credit accounts with us? YES/NO

If so, please provide the account reference:

SECTION B - TO BE COMPLETED BY LIMITED COMPANIES ONLY

REGISTERED OFFICE ADDRESS AND POSTCODE:

COMPANY REGISTRATION NUMBER:

DATE OF INCORPORATION:

FULL NAMES & ADDRESSES OF ALL THE DIRECTORS:

NAME, COMPANY REGISTRATION NUMBER & ADDRESS OF ANY HOLDING COMPANY AND/OR ASSOCIATED COMPANIES:

SECTION C – TO BE COMPLETED BY SOLE TRADERS/PARTNERSHIPS ONLY

Please provide full names and residential addresses of all the proprietors / partners of the Hirer (Continue on a separate sheet if necessary):

FULL NAME:	POSITION HELD:
FULL ADDRESS AND POSTCODE	
TEL. NUMBER:	E-MAIL ADDRESS:
FULL NAME:	POSITION HELD:
FULL ADDRESS AND POSTCODE	
TEL. NUMBER:	E-MAIL ADDRESS:
FULL NAME:	POSITION HELD:
FULL ADDRESS AND POSTCODE	
TEL. NUMBER:	E-MAIL ADDRESS:

SECTION D – TO BE COMPLETED BY ALL APPLICANTS

Please supply the names and addresses of 2 established limited companies who will provide trade references for the Hirer

COMPANY NAME:	COMPANY REGISTRATION NUMBER:	
REGISTERED ADDRESS:		
TEL. NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:
COMPANY NAME:	COMPANY REGISTRATION NUMBER:	
REGISTERED ADDRESS:		
TEL. NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:

By completing this credit account application you are confirming the following:

- 1) you have the requisite authority to apply for a trade account and act on behalf of the Hirer;
- 2) the information supplied in this account application is true and accurate;
- 3) you have read and accept Scammell's Conditions of Sale on behalf of the Hirer;
- 4) you agree and accept, on behalf of the Hirer, that any Account provided by Scammell, and any and all orders placed and contracts made by the Hirer with Scammell is conditional on and subject to Scammell's Conditions of Sale (as amended from time to time), a copy of which are available on request;
- 5) you agree and acknowledge, on behalf of the Hirer, that Scammell may make enquiries of credit reference agencies and other third parties, who may record those enquiries, to process the account application and manage the Account, that Scammell may also disclose information about the conduct of your Account to credit reference agencies and other third parties, and that the information obtained from, or provided to, credit reference agencies or other third parties may also be used by Scammell when assessing any applications by, or requests from, the Hirer for credit terms and for debt collection, tracing and fraud prevention purposes.

SIGNED BY OR ON BEHALF OF THE HIRER (Authorised signatory):

FULL NAME:	
POSITION HELD:	DATE:

Please return this document, duly completed and signed, with a copy of your organisation's letterhead to the Scammell's trading address.

FOR INTERNAL USE ONLY

ACCOUNT REFERENCE:	APPROVED PAYMENT TERMS:
SIGNED ON BEHALF OF SCAMMELL:	DATE:
FULL NAME:	
POSITION HELD:	
COMMENTS:	