

APPLICATION FOR HIRE DEPOSIT EXEMPTION

First Fence Ltd

Kiln Way
Swadlincote
Derbyshire
DE11 8EA

Telephone 01283 512111
Fax 01283 480522
Email accounts@firstfence.co.uk

FULL NAME OR COMPANY NAME _____
TRADING NAME IF DIFFERENT _____
ADDRESS _____

TELEPHONE NUMBER _____
FAX NUMBER _____
MOBILE NUMBER _____
E-MAIL ADDRESS _____

TYPE OF COMPANY (PLEASE TICK BOX)

LIMITED COMPANY _____
SOLE TRADER _____
PARTNERSHIP _____
OTHER (PLEASE SPECIFY) _____

COMPANY REGISTRATION NUMBER (IF LIMITED COMPANY) _____
REGISTERED OFFICE ADDRESS _____

DATE OF INCORPORATION _____

DATE COMMENCED TRADING _____
V.A.T. REGISTRATION NUMBER _____

TOTAL AMOUNT OF CREDIT REQUESTED _____
DO YOU REQUIRE PURCHASE ORDER NUMBER ? _____
NATURE OF BUSINESS _____

DIRECTORS FULL NAMES AND ADDRESSES

1) _____

2) _____

TRADE REFERENCES

1) NAME _____
ADDRESS _____

TELEPHONE NUMBER _____
FAX NUMBER _____

2) NAME _____
ADDRESS _____

TELEPHONE NUMBER _____
FAX NUMBER _____

3) NAME _____
ADDRESS _____
TELEPHONE NUMBER _____
FAX NUMBER _____

I / WE NOTE THAT YOUR TERMS ARE **STRICTLY NETT MONTHLY** AND AGREE TO ABIDE BY ALL YOUR TERMS AND CONDITIONS. I / WE UNDERSTAND THAT IN ORDER TO CONSIDER MY / OUR APPLICATION FOR CREDIT WITH YOU, IT WILL BE NECESSARY FOR YOU TO CARRY OUT APPROPRIATE CREDIT REFERENCE CHECKS AGAINST OUR COMPANY AND DIRECTORS. IN RESPECT OF THAT I / WE GIVE YOU OUR EXPRESS AUTHORITY AND PERMISSION TO CARRY OUT SUCH CHECKS AND ENQUIRIES AS YOU DEEM NECESSARY AND TO COMPILE AND / OR HOLD SUCH PERSONAL INFORMATION AS COMES INTO YOUR POSSESSION OR USE IN CONNECTION WITH THIS APPLICATION. I / WE DECLARE THAT THE ABOVE INFORMATION IS CORRECT. ALL DEBTS INCURRED WILL BE GUARENTEED BY THE DIRECTORS AND THE SIGNATORY ON THIS FORM.

PLEASE NOTE THAT ALL MATERIALS REMAIN THE PROPERTY OF FIRST FENCE LIMITED UNTIL PAYMENT HAS BEEN RECEIVED IN FULL. ANY OVERDUE ACCOUNTS MAYBE LIABLE TO INTEREST AND ALL COSTS INCURRED TO RECOVER THE DEBT. IF AN ACCOUNT BECOMES OVERDUE THEN THE WHOLE DEBT OWED EVEN IF CURRENT WILL BECOME DUE IN FULL. TERMS AND CONDITIONS ARE AVAILABLE UPON REQUEST.

SIGNED
PRINT NAME
POSITION
DATE.....

MUST BE SIGNED BY A DIRECTOR OF THE COMPANY

BANK DETAILS

NAME OF BANK _____
ADDRESS _____
SORT CODE _____
ACCOUNT NUMBER _____
TELEPHONE NUMBER _____
FAX NUMBER _____

I / WE HEREBY AUTHORISE FIRST FENCE LIMITED TO APPROACH OUR BANK FOR REFERENCES

SIGNED
PRINT NAME
POSITION
DATE.....

PLEASE NOTE THAT THE BANK WILL NOT ACCEPT A FACSCIMILIE SIGNATURE FOR A CREDIT REFERENCE - PLEASE RETURN THE ORIGINAL BY POST

TO PREVENT ANY DELAYS IN YOUR APPLICATION CAN YOU PLEASE ENSURE THAT ALL SECTIONS ON THIS APPLICATION FORM HAVE BEEN COMPLETED - THANK YOU.