## APPLICATION TO OPEN A CREDIT ACCOUNT

## Tracked Spider Solutions

Full Company Name:		Tel No:			
Trading Address:		Fax No:			
		Contact Name:			
Post Code:		Mobile/Direct Line:			
If a Limited Company please give regis	stered office address	•			
		Company Registration No:			
		Nature/Type of Business:			
If not a Limited Company, please give (If you have been at your current address less that			prietor/Par	tners.	
1. 2.		3.			
Date of Birth	DOB		DOB		
This section must be completed on all	applications				
Amount of credit required:	Sale £	Hire £			per month
Trade Reference 1		Trade Refere	nce 2		
Name:		Name:			
Address:		Address:			
Tel No:		Tel No:			
Fax No:		Fax No:			
Bankers Details		•			
Bank Name:		Bank A/C No:			
Address:		Sort Code:			
Post Code:					
This section must be completed on all	applications	•			
How did you hear about us? (Please Tick)	Publication Article Mailshot	Sales Person Referral		tising r pl. specify)	
Bankers Details	Wallshot	Kerenai	(Othe	pi. specify	
Bank Name:		Bank A/C No:			
Address:		Sort Code:			
Post Code:					
This section must be completed on all applications					
How did you hear about us? (Please Tick)	Publication Article Mailshot	Sales Person Referral		tising pl. specify)	
I/We apply for a credit account and give you permission to contact the references submitted.  I/We agree that all transactions will be conducted in accordance with your Conditions of Hire and Sale which  I/We understand are available upon request.					

Date:

We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency

Name: (BLOCK CAPITALS)

Tracked Spider Solutions Unit 4 Acorn Business Park Albion Street Castleford WF10 1QX

Auth. Signature: