

## CREDIT APPLICATION FORM

Please note, applications will not be processed unless every section is, completed & and we have received proof of your Hired in Plant Insurance.

COMPANY/TRADING NAME:	
LIMITED COMPANY NAME <i>(if different)</i> :	
REGISTERED ADDRESS:	
	POSTCODE:
TELEPHONE:	EMAIL:
CORRESPONDENCE ADDRESS <i>(if different)</i> :	
	POSTCODE:
TELEPHONE:	EMAIL:
WEBSITE:	
TYPE OF COMPANY: <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> LIMITED COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLP <input type="checkbox"/> PLC <input type="checkbox"/> OTHER (please specify)	
NO OF EMPLOYEES:	
FOR LIMITED COMPANIES ONLY:	
COMPANY REG NO: _____ INCORPORATION DATE : _____ VAT NO: _____	
PARENT COMPANY <i>(if any)</i> :	
_____	
BANKING:	
BANK ADDRESS (INC POSTCODE):	
_____	
ACCOUNT NAME:	
_____	
ACCOUNT NUMBER:	SORT CODE:
METHOD OF PAYMENT: <input type="checkbox"/> BACS <input type="checkbox"/> CHEQUE <input type="checkbox"/> CARD	

SOLE TRADERS/PARTNERS/DIRECTORS DETAILS:

NAME 1:	POSITION:
ADDRESS:	
	POSTCODE:
TELEPHONE:	EMAIL:
NAME 2:	POSITION:
ADDRESS:	
	POSTCODE:
TELEPHONE:	EMAIL:

(PLEASE USE SEPARATE SHEET IF NECESSARY)

ACCOUNTS / INVOICE & STATEMENT DETAILS:

CONTACT NAME 1:	
CORRESPONDENCE ADDRESS:	
	POSTCODE:
TELEPHONE:	EMAIL:
CONTACT NAME 2:	
CORRESPONDENCE ADDRESS:	
	POSTCODE:
TELEPHONE:	EMAIL:

CREDIT TERMS

CREDIT LIMIT REQUIRED: \_\_\_\_\_ PAYMENT TERMS: 30 DAYS



Credit Control: 07938241751  
Email: [Accounts@eaplatforms.co.uk](mailto:Accounts@eaplatforms.co.uk)  
Website: [www.eaplatforms.co.uk](http://www.eaplatforms.co.uk)

Head Office:  
Kane House,  
Linnyslaw Industrial Estate, Moss  
Lane, Walkden  
M28 3LY

TRADE REFERENCES:  
BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
BUSINESS NAME 2: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**CUSTOMER DECLARATION FORM:**

I/we the undersigned apply to Essential Access Platforms Ltd for credit facilities and declare that the information given above is accurate.

I/we agree to trade on Essential Access Platforms Ltd's terms & conditions of sale or hire as applicable at the date of transaction.

COMPANY'S STAMP:

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE COMPLETE EACH SECTION OF THIS APPLICATION FORM AND RETURN TO  
[ACCOUNTS@EAPPLATFORMS.CO.UK](mailto:Accounts@EAPPLATFORMS.CO.UK), ENCLOSING PROOF OF YOUR HIRED IN PLANT INSURANCE**

**FOR OFFICIAL USE ONLY:**

ACCOUNT NO: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_



Credit Control: 07938241751  
Email: [Accounts@eaplatforms.co.uk](mailto:Accounts@eaplatforms.co.uk)  
Website: [www.eaplatforms.co.uk](http://www.eaplatforms.co.uk)

Head Office:  
Kane House,  
Linnyslaw Industrial Estate, Moss  
Lane, Walkden  
M28 3LY

ESSENTIAL ACCESS PLATFORMS WISHES TO BRING TO YOUR ATTENTION THAT ALL PLANT IS HIRED IN ACCORDANCE WITH C.P.A MODEL TERMS AND CONDITIONS – A COPY OF WHICH WILL BE SUPPLIED IF REQUESTED.

PLEASE SIGN YOUR ACKNOWLEDGEMENT OF THESE  
CONDITIONS AND RETURN

I HEREBY ACKNOWLEDGE AND AGREE TO THE C.P.A  
MODEL TERMS AND CONDITIONS

**COMPANY NAME**

.....

**NAME (IN PRINT)**

.....

**SIGNATURE**

.....

**POSITION WITHIN**

**COMPANY**

.....

**DATE**

.....