

SKYLIFT

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APPLICATION FOR CREDIT ACCOUNT

Full Trading Name: _____

Address: _____

City: _____ Postcode: _____

Telephone No: _____ Fax No: _____ Mobile No: _____

Contact Name(s): _____ Years Trading: _____

Legal Structure:

- Sole Trader Partnership Incorporated Company
 Other (please supply details below) LTD PLC

If an Incorporated Company, Registered Office Address: _____

Date of Incorporation: _____ Company Registration: _____

VAT No: _____

If Sole Trader or Partnership: (Name, Private Address) _____

How Many Years at This Address: _____ Telephone No: _____

Name of Person Responsible for Account: Mr/Mrs/Miss/Ms _____

Position: _____ Telephone No: _____

Bankers Name & Address: _____

Account No: _____ IBAN / Sort Code: _____

Credit Required: € _____

TWO TRADE REFERENCES

Tel: _____ Fax: _____

Tel: _____ Fax: _____

The forgoing statement has been carefully read by the undersigned and is to my (our) knowledge in all respects complete and accurate. I hereby authorise you to make enquiries in relation to this Account at your discretion. In addition, I/We have also read and accepted agreement of your terms and conditions of supply.

Signature: _____

Name: _____

Position: _____

Date: _____