

Account no.

**UK PLATFORMS Ltd**  
**Credit Account Application Form**

Credit Limit  
£

1<sup>st</sup> Floor, Enterprise House, Stafford Park 1, Telford, TF3 3BQ  
Tel: 01952 204444 Fax: 01952 216786

Full Company Name:			
Former Trading Names:			
Company Registration No:			Year of Incorporation:
If not a limited company please delete / specify: Sole Trader / Partnership / Other.....	Proprietors address:		
Proprietors name:			

Contact Name:	Contact for Payments:		
Address:	Address:		
Telephone No:	Telephone No:		
Fax No:	Fax No:		

Do you have plant insurance? (tick relevant box) YES  NO  **(DO NOT LEAVE BLANK)**  
If YES please attach a copy of your hired in plant insurance or brokers summary showing at least:

Insurance Co name	Expiry date
Brokers name	Indemnity levels
Policy number	Claims excess

**If you DO NOT have valid hired in plant insurance you will be required to undertake UK Platforms 20% Damage Waiver**

Trade Reference (1)	Trade Reference (2)
Tel:	Tel:
Fax:	Fax:

**UK Platforms Ltd terms and conditions are CPA, payment strictly 30 days following date of invoice unless otherwise agreed in writing. Copies of our terms and conditions are available on request. Attention is drawn to the insurance obligations of the hirer, UK Platforms Ltd offer damage waiver cover at additional cost, details of which are available on request.**

Signed:	Position:
Please print name:	Date:

UK Platforms Sales Contact:

Please return by fax to depot fax as above