

Applications for Credit Account

Please print in BLOCK CAPITAL IFTTERS IN BLACK INK

Declaration

I/We acknowledge receipt of the Kerrisdale Equipment Limited terms and conditions of rental and sale, as attached to this application, have read them and agree to abide by them as a condition of being granted credit. In particular, I/We agree to your terms of payment, i.e. 30 days from date of invoice, and understand that failure to comply with this clause will result in the following action: suspension of account and legal action without prior notice. I/We agree to notify any invoice queries within fourteen days of invoice date and understand that no extension to credit terms will be granted for unresolved invoice queries notified after this period. I/We authorise Kerrisdale Equipment to carry out a credit agency search in support of my/our application.

Position ____

Applicant's signature

Print name _____

Date___

Kerrisdale Equipment may contact you by post, telephone or email to inform you of products and services available through your account. If you prefer not to be contacted, please check.

Business Information

Please print in BLOCK CAPITAL LETTERS IN BLACK INK Sale Proprietor 🗆 Other 🗆 Partnership 🗆 Limited Co Type of business (Please check) Nature of business _____ Business name _____ Address ____ Postal code -Contact _____ Position _____ Tel no _____ S.T. No ______ Date trading commenced _____ Limited Company Registered name ______ Registered no ______ Registered office Postal code ----Name of Parent Co. (if any) ______ Incorporation date _____ Trade References (x3) Full names and address RFFERENCE 1: Full name Company Name ----Address ______ Postal code _____ REFERENCE 2: Full name ______ Position _____ Company Name _ Address Postal code _____ REFERENCE 3: Full name ______ Position _____ Company Name Address Postal code _____ Bank Details Alternatives please complete and attach a Kerrisdale Equipment direct debit mandate Bank Name _ Account Name Bank No Transit no Account No Bank Address Postal code _ Account and contact details Address for accounts (if different from above) Postal code Name Position Tel no Expected monthly spend (\$) ______ Requested credit limit (\$) _____