

SOLE TRADERS/PARTNERSHIPS ONLY Application/Registration Account Form

Business Name: _____

Invoice Address: _____

_____ Postcode: _____

Telephone: _____ Fax: _____

Email Address _____ Web Site Address _____

Proprietor's Name: _____

Home Address: _____

_____ Postcode: _____

Nature of Business: _____

Estimated Annual Spend on Platforms _____

Please enclose:

- Copy of a bill you have received in your business' name, e.g. from a supplier, mobile phone etc
- Copy of your public liability insurance certificate

I/We, the Applicants, understand that Smart Platform Rental hire under C.P.A. (Construction Plant-hire Association) Terms & Conditions July 2001 and agree to be bound by them. I/We agree that Smart Platform Rental may make any credit enquiries necessary to support this application. I/We agree to the standard Payment Terms of 30-days from Invoice Date and accept that if Accounts are not paid within the aforementioned period, Smart Platform Rental reserve the right to apply interest against the overdue account at 3% above the prevailing Bank Base Rate. I/We understand that if any part of the account falls into arrears then the whole amount outstanding on the account, whether due or not, becomes payable immediately. I/We understand that Smart Platform Rental will keep the information on this form as part of their record to maintain and improve the management of their rental business. This may include sharing the information with related companies within or outside Europe. I/We agree to the use of the information in this way. I/We may see the information at any time to make sure it is up to date.

Signature: _____ Print: _____

Position: _____ Date: _____

- Your first hire must be paid by credit card -

How Did You Hear About Us - please tick one:

- | | | |
|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Recommended | <input type="checkbox"/> Internet | <input type="checkbox"/> Mailing/Info Sent By Us |
| <input type="checkbox"/> Saw Truck | <input type="checkbox"/> Magazine | <input type="checkbox"/> Other-please detail |

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FAX BACK ON - 0871 871 9393