

Account Application Form



Please complete in block capitals

Type of Business:

Limited Company	(Tick)	Partnership	(Tick)	Sole Trader	(Tick)	Other (please specify)	(Tick)
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Name of Nixon Hire Contact: _____

Customer Name:	Company Name:
Description of Business:	Date Established:
Registered Business Address:	Invoice Address (if different):
Postcode:	Postcode:

Tel No:	Company Registration Number:
Fax No:	Vat No:
Email:	Do you issue order numbers for hire YES / NO
Monthly Credit Required £	

Details of Hired in Plant Insurance:	Company Contact Details
Insurance Company:	Accounts:
Insurance Broker:	Purchasing:
Policy No:	Site Manager:
Contact Name:	
Tel No:	

Please supply two trade references	
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Tel No:	Tel No:
Fax No:	Fax No:

How did you hear about us?			
Mail Shot	(Tick)	Newspaper Advert	(Tick)
Representative	(Tick)	Website	(Tick)
Recommendation	(Tick)	Yellow Pages	(Tick)

Please state the type of equipment you wish to hire:	

I have read and agree to be bound by your Conditions of Hire

Signed _____ Date _____
 Name _____ Title _____

