

Please return completed form to: **Plantool Ltd, Head Office, 3 Low March, Daventry, Northamptonshire NN11 4SD**

## 1 - YOUR BUSINESS

Your Business trading Name (In Full): \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Company Registration No: \_\_\_\_\_

Type of Business: \_\_\_\_\_

## Main/Marketing Contact

Name: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

## 2 - WHAT IS YOUR BUSINESS STATUS?

Limited	<input type="checkbox"/>
Sole Trader	<input type="checkbox"/>
Partnership	<input type="checkbox"/>

## If NOT a Limited Company

We require a copy of a recent Utility Bill for identification purposes only.

## If SOLE TRADER please provide your home address:

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_

3 Low March, **Daventry**, Northamptonshire NN11 4SD.....Tel: (01327) 878711  
 Leicester Road, **Lutterworth**, Leicestershire LE17 4NJ.....Tel: (01455) 558950  
 Millers Road, **Warwick**, Warwickshire CV34 5AE.....Tel: (01926) 402345

## If PARTNERSHIP Please give name & address of partners:

Partner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Partner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Postcode: \_\_\_\_\_

## 3 - DETAILS OF PERSON HIRING

Authorised Hirer's Name	Contact Mobile or Tel Number
_____	_____
_____	_____
_____	_____

Tick here if only persons listed above are authorised to hire or

collect equipment. *Continue above list on separate sheet if required*

## 4 - ACCOUNT DETAILS

Expected maximum amount of credit required

£ \_\_\_\_\_ in all\* OR £ \_\_\_\_\_ Monthly\*

\*DELETE NON APPLICABLE

Tick here if a purchase order number is required.

## 5 - ACCOUNTS CONTACT

Name: \_\_\_\_\_

Tel No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Indicate if you do not wish to receive invoices/statements via email

Orion Way, Kettering Business Park, **Kettering**, Northamptonshire NN15 6NL.....Tel: (01536) 411212  
 Units 1 & 2 Swan Business Park, **Stratford-upon-Avon**, Warwickshire CV37 0HS.....Tel: (01789) 298237  
 20 Slingsby Close, Attleborough Fields Ind, Est, **Nuneaton**, Warwickshire CV11 6RP.....Tel: (024) 7638 1503

**E-Mail: [newaccounts@hirecentres.com](mailto:newaccounts@hirecentres.com)**

**Head Office & Accounts:** Plantool Limited, 3 Low March, Daventry, Northamptonshire NN11 4SD. Tel: (01327) 312922

FOR OFFICIAL USE ONLY: DEPOT:  SOURCE:  FOLLOW UP:

# PLANTOOL HIRE CENTRES

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## 6 - PLEASE SELECT YOUR NEAREST DEPOT

DAVENTRY:  
WARWICK:  
KETTERING:  
STRATFORD:  
LUTTERWORTH:  
NUNEATON:


## 7 - SOLE TRADERS/ PARTNERSHIPS & LIMITED COMPANIES

### Trade Reference One:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Town: \_\_\_\_\_  
County: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

### Trade Reference Two:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Town: \_\_\_\_\_  
County: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

## 8 - Hired Equipment Insurance

Insurance Company: \_\_\_\_\_  
Policy Type: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Tel No: \_\_\_\_\_

## 9 - AGREEMENT

### Please read and sign the following declaration

"I (the undersigned) agree that all transactions of hire and sale entered into by my company ("known as the Customer") shall be subject to Plantool Limited 'Conditions of Hire or Sale', as the case may be, operative at the time of any contract of hire or sale. I will make full settlement of monies due within one month following the month of Plantool Limited invoice and I have answered all questions on this application form truthfully. I have retained a copy of this form for my records."

The information provided may be used to carry out a credit check using a Credit Reference Agency. By signing this application you are agreeing to accept this procedure.

### Applicant's Signature:

Your account application will be  
delayed if you forget to sign here

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

## 10 - PLEASE TELL US HOW YOU FOUND US

Thomson Local <input type="checkbox"/>	Yellow Pages <input type="checkbox"/>	Local Radio <input type="checkbox"/>
Recommendation <input type="checkbox"/>	Local to Depot <input type="checkbox"/>	Direct Mail <input type="checkbox"/>
ThomsonLocal.com <input type="checkbox"/>	Yell.com <input type="checkbox"/>	Internet Search <input type="checkbox"/>

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