



COMPANY NAME:
ACCOUNT NUMBER:

Insurance:

IT IS THE RESPONSIBILITY OF THE HIRER TO MAKE GOOD TO THE OWNER ALL LOSS OF, OR DAMAGE TO EQUIPMENT. ACCORDINGLY, THE HIRER MUST HAVE ADEQUATE INSURANCE COVER IN OPERATION. THE HIRER MUST HAVE ADEQUATE INSURANCE COVER FOR RESIDUAL HIRE CHARGES AS PER CPA CONDITIONS.

INSURANCE COMPANY:
TELEPHONE NUMBER:
POLICY NUMBER:
POLICY TYPE:
POLICY RENEWAL DATE:
POLICY COVER:

IT IS THE HIRER'S RESPONSIBILITY TO NOTIFY THE OWNER OF ANY CHANGES OF THE ABOVE POLICY.



**I hereby acknowledge and agree to the C.P.A Model Terms & Conditions
of Hire**

Company:

Name:

Signature:

Position:

Date:



PRIVATE AND CONFIDENTIAL APPLICATION TO OPEN A CREDIT ACCOUNT

FULL NAME:

TRADING ADDRESS:

TEL NUMBER: FAX NUMBER: E-MAIL:

REG'D OFFICE:

CO. REG. NO: DATE ESTABLISHED:

VAT REG. NO: A/C'S CONTACT:

PARTNERS/DIRECTORS:

BANKERS FULL NAME AND ADDRESS:

SORT CODE: A/C NO:

TRADE REFERENCES (PLEASE GIVE FULL ADDRESS):

1: 2:

TEL NO: TEL NO:

FORM	REFERENCES	LETTERHEAD	INSURANCE	APPROVED BY:

CREDIT LIMIT REQUIRED PER MONTH: £

We, the undersigned, being Director/Directors of the Applicant Company jointly guarantee the performance of all the Company's financial obligations to CCL Tool & Plant Hire Ltd.

SIGNED: **(MUST BE A DIRECTOR)**

PRINT NAME: DATE:

- 1. PLEASE COMPLETE THE ABOVE AND RETURN TO OUR HEAD OFFICE**
- 2. PLEASE ENCLOSE A COMPANY LETTERHEAD**
- 3. PLEASE COMPLETE THE ATTACHED INSURANCE FORM TO ENSURE YOU ARE COVERED ADEQUATELY IN THE EVENT OF A CLAIM OR FORWARD A COPY OF YOUR HIRED-IN-PLANT POLICY DOCUMENT.**

HEAD OFFICE USE ONLY: ACCOUNT NUMBER: DATE: