

CONFIDENTIAL

Please attach a sample of your
letterhead and return completed
form to:

KDM Hire Ltd.
Head Office
11 Killycolp Road,
Cookstown,
N. Ireland.
BT80 9AD

Cookstown
T: 028 8676 6633
F: 028 8676 1039
E: sales@kdmhire.com

Belfast
T: 028 9084 7100
F: 028 9084 7103

www.kdmhire.com



Credit Account Application Form



Credit Account Application Form

Company Name _____
Address _____

Post Code _____

Telephone No. _____ Fax _____
Mobile No. _____ Email _____

Sole Trader/Partnership

Home Name & Address of Proprietor/Partners _____

Home Telephone No. _____ Post Code _____

Registered Company

Home Names & Addresses of Principal Directors
1. _____

2. _____

Post Code _____

Nature of business _____
VAT Registration No. _____ How long business established _____
Company Registration No. _____ Monthly Credit Requirement _____
Person Responsible for Accounts _____ Telephone No. _____
Bank Reference
Bank Name & Address _____

Bank Account No. _____ Post Code _____
Sort Code _____

Trade References - please provide full name, address and telephone no. of 2 independent trade references with which you have had credit facilities for over 1 year.

Reference 1 _____

Fax No. _____ Tel. No. _____
Reference 2 _____

Fax No. _____ Tel. No. _____

I hereby apply for a Credit Account with KDM Hire Ltd. I confirm that all information provided is true and complete.
I agree to be bound to the conditions of KDM Hire Ltd.
I agree that KDM Hire Ltd. may carry out credit reference checks at their discretion.

Signed _____ Print Name _____
Position _____ Date _____