

# KELLAWAY HIRE SERVICES LTD

20 KELLAWAY AVENUE, REDLAND, BRISTOL, BS6 7XR.  
tel – 0117 924 1048 email – sales@kellawayhireservices.co.uk

## CREDIT ACCOUNT FORM

**COMPANY NAME:** \_\_\_\_\_

**(IF A PARTNERSHIP OR LTD COMPANY PLEASE GIVE NAMES OF ALL DIRECTORS)**

**COMPANY ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**MOBILE NUMBER:** \_\_\_\_\_

**REGISTERED ADDRESS:** \_\_\_\_\_

**(IF DIFFERENT)** \_\_\_\_\_

**YEARS IN BUSINESS:** \_\_\_\_\_

**TRADE REFERENCES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION SIGNED:** \_\_\_\_\_

**BEING A DIRECTOR/ REPRESENTATIVE OF THE ABOVE I THE CUSTOMER AGREE THAT ALL TRANSACTIONS OF HIRE OR SALE SHALL BE SUBJECT TO YOUR HIRE OR SALE CONDITIONS AS THE CASE MAY BE OPERATIVE AT THE TIME OF ANY CONTRACT OF HIRE OR SALE AND THAT I WILL MAKE FULL SETTLEMENT OF ALL MONIES DUE WITHIN ONE MONTH FROM THE DATE OF YOUR INVOICE AND THAT THE QUESTIONS HAVE BEEN TRULY AND FULLY ANSWERED. I HEREBY PERSONALLY GUARANTEE PAYMENT IN RESPECT OF ALL SUMS DUE FROM THE CUSTOMER TO KELLAWAY HIRE SERVICES LTD TOGETHER WITH ALL THE ANCILLARY COSTS INCURRED. I HAVE RETAINED A COPY OF THIS FORM FOR MY RECORDS. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INSURE ALL EQUIPMENT HIRED TO US TO FULL SUPPLIERS RRP. PLEASE SUPPLY COPIES OF INSURANCE DETAILS THE POLICY NUMBER AND EXPIRY DATE**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_