



Certificate Number: 8609  
ISO 9001:2015



# CREDIT APPLICATION FORM

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## TO BE COMPLETED BY ALL APPLICANTS

Please complete the document and print off and sign before returning by email or post

COMPANY NAME:

REGISTERED NUMBER:

YEAR BUSINESS STARTED:

REGISTERED OFFICE ADDRESS:

TRADING ADDRESS (IF DIFFERENT FROM REGISTERED OFFICE ADDRESS)

CONTACT NAME: TELEPHONE:

ACCOUNTS CONTACT: TELEPHONE: EMAIL ADDRESS:

PURCHASING CONTACT: TELEPHONE: EMAIL ADDRESS:

DIRECTORS:

### INVOICES ARE TO BE SENT TO (TICK BOX TO CONFIRM):

REGISTERED OFFICE ADDRESS

TRADING ADDRESS

### I / WE TRADE AS A (TICK BOX TO CONFIRM):

SOLE TRADER OR PARTNERSHIP

LIMITED COMPANY

# CREDIT APPLICATION FORM (CONTINUED)



## TO BE COMPLETED BY ALL APPLICANTS

|   |                  |
|---|------------------|
| REFERENCE NO. 1:  | REFERENCE NO. 2: |
| TELEPHONE:  | TELEPHONE:       |
| EMAIL ADDRESS:  | EMAIL ADDRESS:   |
| I / WE SHOULD BE OBLIGED IF YOU WOULD GRANT ME / US A CREDIT ACCOUNT WITH A MAXIMUM LIMIT OF: | £                |

I / WE AGREE TO COMPLY WITH YOUR CONDITIONS OF HIRE AND MONTHLY ACCOUNTS ARE DUE FOR SETTLEMENT AT THE END OF THE MONTH FOLLOWING DELIVERY, WHERE THESE FACILITIES ARE EXCEEDED THE OWNER SHALL BE ENTITLED TO INTEREST ON THE AMOUNT THAT IS OVERDUE AT THE BANK OF ENGLAND BASE RATE PLUS 4% CALCULATED ON A DAY TO DAY BASIS. THIS SHALL BE WITHOUT PREJUDICE TO ANY OTHER RIGHTS OR REMEDIES OF THE OWNER. ANY LEGAL CHARGES INCURRED IN THE RECOVERY OF MONEY OR EQUIPMENT WILL BE PAID BY THE HIRER.

IN PROCESSING YOUR APPLICATION FOR CREDIT FACILITIES WE MAY MAKE ENQUIRIES OF CREDIT REFERENCE AGENCIES OR OTHER THIRD PARTIES WHO MAY RECORD THOSE ENQUIRIES. WE MAY ALSO DISCLOSE INFORMATION ABOUT THE CONDUCT OF YOUR ACCOUNT WITH US TO CREDIT REFERENCE AGENCIES OR OTHER THIRD PARTIES. THE INFORMATION OBTAINED FROM OR PROVIDED TO CREDIT REFERENCE AGENCIES OR OTHER THIRD PARTIES MAY BE USED WHEN ASSESSING FURTHER APPLICATIONS FOR CREDIT TERMS, FOR DEBT COLLECTION, FOR TRACING AND FRAUD PREVENTION.

### PLEASE SEND THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION (TICK BOXES TO CONFIRM)

|  |  |
|--|--|
| <input type="checkbox"/> A COPY OF YOUR COMPANY'S LETTERHEAD | <input type="checkbox"/> PROOF OF INSURANCE FOR HIRED IN PLANT |
|--|--|

|       |            |
|-------|------------|
| NAME: | POSITION:  |
| DATE: | SIGNATURE: |

Please print off the document and sign before returning by email or post.

|                                     |   |
|-------------------------------------|---|
| <b>Email:</b><br>accounts@pjpuk.com | <b>Post:</b><br>PJP (UK) Limited<br>Mill Street<br>Radcliffe<br>Manchester<br>M26 1AJ |
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