




**CREDIT APPLICATION FORM: PAGE 1 of 2**

*Please carefully complete this two-page form by hand or electronically before returning*

**A M SERVICES**

Business/Trading Name:		Business/Trading Address:		Field Place, Nyton Road, 	
Main Telephone Number:		Fax Number:		Aldingbourne, Chichester, West Sussex, PO20 3UA	
Mobile Telephone Number:		Email:		Landline: 01243 544201 	
				Mobile: 07836 664268	
				andy@am-group.co 	
				VAT Number: 587 70 7979	
Type of Business: <i>(Please tick)</i>	Public Limited Co. <input type="checkbox"/>	Private Limited Co. <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	
Are any of the directors, owners or partners un-discharged bankrupts? <i>(Please tick the appropriate box)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have any of the directors, owners of partners held any other credit accounts with this company? <i>(Please tick the appropriate box)</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Limited Companies Only:</b>					
Registration No:		Formation Date:		Parent Co:	
<b>Sole Traders Only:</b>					
Full Name:		Date of Birth:			
Home Address:					
Full Name:		Date of Birth:			
Home Address:					
Full Name:		Date of Birth:			
Home Address:					
<b>Name of Person Authorised to Place Orders:</b>					
Full Name:					
Position:		Telephone Number:			
<b>Name of Person Authorised to Make Payments:</b>					
Full Name:					
Position:		Telephone Number:			
<b>Bank Details</b>					
Bank Name:		Sort Code:		Account No:	
Bank Address:					
Credit Limited Required:					
Signed:		Position:			
Print Name:		Date:			

ALL HIRES UNDERTAKEN IN ACCORDANCE WITH CPA MODEL CONDITIONS FOR THE HIRING OF PLANT, COPY SUPPLIED UPON ACCEPTANCE. PAYMENT TERMS WILL BE 30 DAYS UPON RECEIPT OF INVOICE. IN THE EVENT OF A CREDIT ACCOUNT BEING GRANTED THE APPLICANT AGREES TO THE TERMS AND CONDITIONS.

**CREDIT APPLICATION FORM: PAGE 2 of 2**

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**A M SERVICES**

Thank you for filling out the initial credit application.

Additionally, we ask that you please supply a minimum of three trade references, including the company name, registered address and contact details for a suitable staff member.

Field Place, Nyton Road,   
 Aldingbourne, Chichester,  
 West Sussex, PO20 3UA

Landline: 01243 544201   
 Mobile: 07836 664268

andy@am-group.co   
 VAT Number: 587 70 7979

**Reference 1**

Address:	Details:	
	Contact Name:	
	Telephone Number:	
	Fax Number:	
	Email Address:	

**Reference 2**

Address:	Details:	
	Contact Name:	
	Telephone Number:	
	Fax Number:	
	Email Address:	

**Reference 3**

Address:	Details:	
	Contact Name:	
	Telephone Number:	
	Fax Number:	
	Email Address:	

1. PLEASE COMPLETE PAGES ONE AND TWO.
2. WHEN RETURNING, PLEASE ATTACH A COPY OF YOUR COMPANY LETTERHEAD AND A COPY OF YOUR HIRED IN PLANT INSURANCE.
3. RETURN BY EMAIL TO: andy@am-group.co
4. WE ACCEPT THIS FORM COMPLETED BY HAND AND SENT AS A SCANNED PDF ATTACHMENT, OR COMPLETED ELECTRONICALLY AS A PDF ATTACHMENT.

