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APPLICATION FORM FOR CREDIT ACCOUNT

Trading Name & Address of Account	Main Activity:
	Structure of Organization:
	Type of Premises:
Telephone No: Fax No:	
Registered Name & Office Address:	No. of Employees:
	Name of Executives:
Telephone No: Fax No:	
Are you Registered for VAT:	Company Reg. No.
From where are your accounts paid:	Country of Reg.
Bank:	Name of Ultimate Holding Co.
Account No:	
Sort Code:	
Trade Reference- Supplier 1	Trade Reference- Supplier 2
Name & Address:	Name & Address:
Post Code:	Post Code:
Period Trading with Supplier:	Period Trading with Supplier:
Contact Name:	Contact Name:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:

EXTENT OF CREDIT REQUIRED

Please state the amount of credit required: Estimated value of annual purchases:

E Per week/Month E Per week/Month

On what basis have the amounts been calculated (details of product/services are required):

Normal Payment period from receipt of invoice:_____

Method of settling account, e.g. Cheque, Credit transfer:_____

PURCHASE PROCEDURES

Person(s) (Name and job title) authorized to place orders on your behalf:

1. _____
2. _____
3. _____

Please state any special purchase conditions or procedures:_____

What trading terms do you extend to your customers:_____

AUTHORISATION FOR THIS APPLICATION

Name of person authorizing application: _____

Signature: _____

Job Title of Signatory: _____