



# BEAVER TOOL HIRE LIMITED

411/415 ST. MARGARET'S ROAD, ISLEWORTH, TW7 7BZ

TELEPHONE 01-568 7788

## CREDIT APPLICATION

1. CUSTOMER'S NAME (FULL TRADING STYLE) \_\_\_\_\_

2. LIMITED CO / PARTNERSHIP / SOLE TRADER / INDIVIDUAL (delete as appropriate)

3. INVOICING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PHONE No. \_\_\_\_\_

4a. ADDRESS OF REGISTERED OFFICE (limited companies only)  
\_\_\_\_\_  
\_\_\_\_\_ PHONE No. \_\_\_\_\_

4b. NAMES OF DIRECTORS \_\_\_\_\_  
\_\_\_\_\_

4c. NAMES & ADDRESSES OF PARTNERS (partnership)

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE No. \_\_\_\_\_ PHONE No. \_\_\_\_\_

4d. NAME & HOME ADDRESS (sole trader or individual)  
\_\_\_\_\_  
\_\_\_\_\_

5. NAME & ADDRESS OF BANKERS  
\_\_\_\_\_  
\_\_\_\_\_

6. TRADE REFEREES

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE No. \_\_\_\_\_ PHONE No. \_\_\_\_\_

7. CREDIT REQUIRED PER MONTH £ \_\_\_\_\_

8. SIGNED \_\_\_\_\_