



**Libra Skip Hire Ltd**  
SBC House  
Restmor Way  
Wallington  
Surrey  
SM6 7AH  
Tel: 020 8255 4058  
Fax: 020 8255 0518

## Application for Credit Account

Please Fax back to 020 8255 0518

Sections 1 and 2 to filled in as appropriate. Sections 3, 4, 5 and 6 in ALL cases

<b>1 Limited Company</b>	
Full Name	Company No.
Trading Address	Invoice Address
Postcode	Postcode
Tel No	Tel No
Fax No	Fax No
e-mail	e-mail
Holding Company (If Applicable)	Address from where payments are made
Postcode	Postcode
Company No.	Tel No.
Tel No.	Contact Name

<b>2 Non Limited Company</b>		
Full Trading Name		
Full Name and Address of proprietor	Prev Address if less than 3 years	
Postcode	Postcode	
Tel No.	Tel No.	
Fax No.	e-mail	
Trading Address	Invoice Address	
Tel No.	Fax no.	Contact Name

<b>3 Trade References</b>	
Name	
Address	
Postcode	
Tel No.	Fax No.
Name	
Address	
Postcode	
Tel No.	Fax No.

<b>4 Monthly credit limit required</b>
----------------------------------------

<b>5 Bank Details and Authorised Consent,</b> (This is not a Direct Debit Mandate)	
Bank Name	
Address	
Postcode	
Sort Code	Account No.
I Authorise the Bank to provide a Bankers Opinion (This must be the signatory on the account)	
Signature	Full Name
Date	

<b>6 Consent</b>	
We may search using a credit reference agency, which will record and share that information with other businesses. We will also monitor and record information to your trade performance and such records will be made available to credit reference agencies who will share that information with other businesses in assessing applications for credit and fraud prevention. This information may also be made available to other organisations to assess applications for credit. I accept the above and agree that if a credit account is opened, payments will be made in accordance with your standard terms of trading i.e net 30 days	
Signature	Print Name
Date	Position