

# CREDIT ACCOUNT APPLICATION FORM

COMPLETE USING YOUR PC  
OR COMPLETE IN WRITING IN BLOCK CAPITALS AND IN BLACK INK



Thank you for choosing to open a credit account with Containerlift. Please complete the attached credit account application form and return it along with a copy of your organisation's letter headed paper to our accounts department either by faxing to +44 (0)1371 879418 or scanning and emailing to [accounts@containerlift.co.uk](mailto:accounts@containerlift.co.uk).

We will endeavour to process your application as quickly as possible. Some trading references are slow to respond so please do bear with us whilst we chase them. We may have to ask for your help to prompt your references to give us their feedback. Once we have received a response from both of your trading references we will contact you to let you know whether we are able to offer you credit terms and if so, for how much.

Please take the time to read through our terms and conditions of trade. You can find a current copy on our website at [www.containerlift.co.uk/downloads](http://www.containerlift.co.uk/downloads). In the meantime if there are any concerns or queries please do not hesitate to contact me or anyone at the Containerlift team.



Kind Regards,  
**CONTAINERLIFT**

**JOOST BAKER**  
**MANAGING DIRECTOR**

# CREDIT ACCOUNT APPLICATION FORM

COMPLETE USING YOUR PC  
OR COMPLETE IN WRITING IN BLOCK CAPITALS AND IN BLACK INK



## YOUR BUSINESS DETAILS

(Please supply proof of your address such as a copy of your Driving Licence or a utility bill less than 3 months old and a sample of your business letter headed paper)

Name:	Date of Birth: (if sole trader)			-			-			
Company Trading Name:								Tel No:		
Payment Contact Name:	Tel No:							Fax No:		
Building Name/Number: (Home address if Sole Trader)								Mobile No:		
Street:								Website:		
Town:								Company Registration Number		
County:	Postcode:									
Country:	Email:					Trading Style: (Please tick or state below)				
Previous Address Building Name/Number: (if less than 2 years at present address)	Partnership <input type="checkbox"/>							Sole Trader	<input type="checkbox"/>	
Street:	Self Build <input type="checkbox"/>							LLP	<input type="checkbox"/>	
Town:	Limited Company (Ltd)							<input type="checkbox"/>		
County:	Postcode:					Other (please select & specify below)		<input type="checkbox"/>		
Country:										
<b>Have any of the Directors/Partners or Sole Trader been subject to bankruptcy or IVA or had any CCJs registered against them?</b>							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If a Director, have you been involved in a business which went into liquidation / receivership / administration or CVA?</b>							Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
How long have you been established?	Months:	Years:								
When does your financial year end?	Day:	Month:								
Amount of credit you wish to apply for:	£									

## BANK DETAILS

Bank Name:	Sort Code			-			-		
Bank Branch:	Account Number								

## 1<sup>ST</sup> TRADING REFERENCE INFORMATION

Contact Name:									
Company:									
Building Name/Number:									
Street:									
Town:									
County:	Postcode:								
Direct Dial Tel No:									
Email:									

## 2<sup>ND</sup> TRADING REFERENCE INFORMATION

Contact Name:									
Company:									
Building Name/Number:									
Street:									
Town:									
County:	Postcode:								
Direct Dial Tel No:									
Email:									

If your references fail to provide information as requested your application for a credit account maybe delayed. We may require alternative references.

## DECLARATION ON BEHALF OF APPLICANT

On behalf of the above applicant in whose name I am authorised to make such applications, I apply for a credit account as stated. I agree to adhere to the payment terms of Containerlift Services Ltd, payment upon receipt of invoice until written confirmation of a credit account is received from Containerlift Services Ltd whereupon terms will be payment 30 days from invoice date. I also declare that I have read, understand and agree to Containerlift's terms and conditions of trade and am aware that a current copy is available at [www.containerlift.co.uk/downloads](http://www.containerlift.co.uk/downloads).

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

PLEASE RETURN THIS FORM TO CONTAINERLIFT, GALLOP HOUSE, HASLERS LANE, DUNMOW, ESSEX, CM6 1XS, UNITED KINGDOM  
FAX: +44 (0)1371 879418  
EMAIL: ACCOUNTS@CONTAINERLIFT.CO.UK

Credit Account Application Form V1.5  
Last Updated 4<sup>th</sup> November 2019  
Page 2 of 2

