

# Account application form



<b>INTERNAL USE ONLY</b> ACCOUNT NO:  CREDIT LIMIT:  ACCOUNT MANAGER:	OPENING ACCOUNT MANAGER:  SALES SUPPORT REF:
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## YOUR PERSONAL DETAILS

COMPANY NAME	Please tick as applicable    PLC <input type="checkbox"/> LIMITED <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE TRADER <input type="checkbox"/>
EMAIL - ACCOUNTS DEPARTMENT (Generic address preferred e.g. accounts@example.com)	OTHER EMAIL (if applicable)
INVOICE ADDRESS 1	COMPANY REGISTRATION NO.
INVOICE ADDRESS 2	TELEPHONE
TOWN	FAX
COUNTY	POST CODE
BANK NAME AND ADDRESS	SORT CODE
	ACCOUNT NUMBER
	CREDIT LIMIT REQUESTED (£)
TRADE REFERENCE NAME AND ADDRESS	TELEPHONE
	FAX

## CONTACTS

PURCHASE LEDGER CONTACT	NAME OF BUYER	NAME OF HEALTH & SAFETY MANAGER
PHONE	PHONE	PHONE
MOBILE	MOBILE	MOBILE
EMAIL	EMAIL	EMAIL

2Cousins may wish to use the information above to inform you of future promotions. The data will not be disclosed to any organization that is not associated with 2Cousins. Please TICK this box if you do not wish to receive news of future promotions.

## PLANT INSURANCE - DAMAGE WAIVER

If you have your own Contractors Plant Insurance then please indicate below, please note that if you select this option we require a copy of your 'hired in plant' insurance policy to be sent with the return of the completed form.

Own 'Hired In Plant' Insurance then please tick here:

Alternatively, if you would like to take advantage of the 2Cousins Damage Waiver Scheme then please tick here:

## DISCLAIMER

This office utilises a third party credit reference agency for credit assessment purposes. In submitting a request for this office to open a credit account, you are hereby providing us with your consent to carry out any credit reference searches that we deem necessary to support your application. These searches will be taken for credit information purposes only and may be carried out on both your company and its principals. The credit reference agency may also keep a record of our enquiry, and share that information with other businesses that may also make enquiries about the company and its principals. This does not affect your statutory rights. You are also agreeing to abide by the Terms and Conditions of this office, in the absence of any written authority, strictly from this office, to the contrary. Our payment terms are strictly nett monthly.

I confirm I have read and accept the CPA Model Terms and Conditions of Hire (July 2001) by ticking this box (when this form is returned by email):   
or alternatively sign below (when this form is returned by fax or Post)

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

CPA Model Terms and Conditions of Hire (July 2001) apply - Copy available at [www.2cousinsaccess.co.uk/downloads/TermsandConditions.pdf](http://www.2cousinsaccess.co.uk/downloads/TermsandConditions.pdf) or on request.

<p><b>PLEASE EMAIL BACK ON OPENANACCOUNT@2COUSINSACCESS.CO.UK, FAX BACK ON: 01865 401041 OR POST BACK TO: 2 COUSINS POWERED ACCESS LTD, OLD STATION YARD, GARSINGTON RD, COWLEY, OX4 6NQ</b></p> <p>Tel: 01865 779 778 Fax: 01865 401 041 Tel London: 0208 525 5555 office@2cousins.co.uk www.2cousins.co.uk COMPANY REGISTRATION NUMBER 06530532 VAT Registration No: 973 8315 87</p>
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