



DAILY VEHICLE HIRE SOLUTIONS TO THE GLASS INDUSTRY

WarthBusiness Centre
Warth Road
Bury
BL9 9NB

Company Reg: 6365457

Tel: 0844 561 1924
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www.vans4glass.co.uk

ACCOUNT APPLICATION FORM

PLEASE USE CAPITAL LETTERS

WHICH BRANCH(S) DO YOU REQUIRE AN ACCOUNT WITH: _____

TOTAL OF VEHICLES TO USE ACCOUNT: _____

EXPECTED MONTHLY CREDIT: _____

COMPANY DETAILS (PLEASE AFFIX LETTERHEAD)

COMPANY NAME: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

COMPANY SECRETARY: _____ MANAGING DIRECTOR: _____

COMPANY REGISTRATION NUMBER: _____ VAT N O _____

PARTNERS NAME/ADDRESS: _____ PARTNERS NAME/ADDRESS _____

POSTCODE: _____ POSTCODE: _____

TRADE REFERENCES:

NAME/ADDRESS _____ NAME/ADDRESS _____

POSTCODE: _____ POSTCODE: _____

CONTACT NAME: _____ CONTACT NAME: _____

TELEPHONE NO: _____ TELEPHONE NO: _____

FAX NO: _____ FAX No: _____

DECLARATION: WE AGREE TO COMPLY WITH VANS 4 GLASS LIMITED TERMS AND CONDITIONS. WE AUTHORISE VANS 4 GLASS LIMITED TO MAKE THE NECESSARY CREDIT CHECK WHEN PROCESSING OUR APPLICATION.

SIGNATURE: _____ PRINT NAME: _____

POSITION: _____ DATE: _____

FOR OFFICE USE ONLY

AUTHORISED BY: _____

PRINT NAME: _____

POSITION: _____

TERMS: 7/14 OR 30 DAYS