



113 Millfields Road, Wolverhampton, WV4 6JQ

Tel: 01902 42 51 51 | Fax: 01902 42 44 66 | Email: accounts@rmgroupservices.co.uk

Account Application Form - Part I: Company Information

Please complete the form in **BLOCK CAPITALS**.

If you have any queries please do not hesitate to contact us on 01902 42 51 51.

Name of Company:	Telephone:
Invoice Address:	Fax:
	Email:
Post Code:	Website:
Vat No	Company Reg No

Type of Business (circle as appropriate) Ltd Co: Sole Trader Partnership

If you are a Limited Company please provide your registered address:

_____ Post Code:

Key Owners (e.g. owner, buyer etc.):

Name & Position:	Name & Position:
Telephone:	Telephone:
Mobile:	Mobile:
Email:	Email:

Please tick here if you **DO NOT** consent to be contacted for marketing purposes? Including, but not limited to, offers, new products and any company news.

Invoices and Statements:

Please provide contact details for your PURCHASE LEDGER and/or accounts department including email address:

Due to increased printing and postage costs we are moving towards electronic statements and invoices.

Are you happy to receive your invoices & statements via email? Yes No

Email:	Contact:
Position:	Telephone:

Do you require order numbers or references on all paperwork? Yes No



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Account Application Form - Part II: Hire Customers Only

Do you have an insurance policy covering the hire of plant?

Please tick as appropriate: Yes No

If yes please supply a copy of the certificate with summary of cover.

Enclosed: Yes No

Do you require Hire Guard insurance?

Please tick as appropriate: Yes No

If yes, please complete the attached request form

Enclosed: Yes No

N.B If you are unable to provide details of a suitable plant hire insurance policy HireGuard protection is mandatory on all goods hired with a value over £1,000

Please describe your principle type of business:

How did you come to hear about us:

If Sole Trader/Partnership please provide full names, home addresses & telephone number(s) of all partners. Please use a separate sheet if necessary:

Name & Address:	Telephone:
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Name & Address:	Telephone:
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Name & Address:	Telephone:
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Bank Details:

Bank Name:	Address:
<hr/>	<hr/>
<hr/>	<hr/>
Post Code:	Telephone:
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A/C Number:	Sort Code:
<hr/>	<hr/>
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Amount of Credit Required:

Per month/year:

N.B Trade references supplied should be to speak for the credit limit requested



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Account Application Form - Part III: Trade References

Trade References:

Name of Company:	Telephone:
Address:	Fax:
Post Code:	Contact:
	Email:

I/We have read the attached terms and conditions and agree your payment terms of 30 days from date of invoice.

I/We agree the credit account facility will be on your stated terms and that adherence to this obligation is the essence of the contract between us.

Please sign below & either fax back for the attention of the accounts department on 01902 42 44 66 or email accounts@rmgroupservices.co.uk. A copy of your letterhead must accompany this application.

Signed:	Print Full Name:
Position:	For and on the behalf of:
Date:	

For Internal use only

Credit Approved Yes No

Amount:	Signed & Date:
Account Number:	Signed & Date:
Email Invoices Loaded:	Signed & Date:
PO Numbers Required Loaded:	Signed & Date:
Insurance Details Loaded:	Signed & Date:
New Account Letter Sent:	Signed & Date:
Sales ID Code Loaded:	Signed & Date:
Contact details checked with insphire CRM:	Signed & Date:

N.B. When complete please return to Accounts Department for filing