

For Branch use only

Branch Name: _____

Customer's Own Plant Insurance

Lox-Guard

Tick as applicable

For Head Office use only

A/C N°

Credit Limit

CPA sent

**LOXAM ACCESS
CREDIT ACCOUNT APPLICATION FORM
FOR LIMITED COMPANY**

Please enclose a copy letterhead

Acc opened by:

COMPANY DETAILS

Full Trading Name:

Company Registration Number:

Credit Limit requested: £

Full Trading Address/Invoicing Address:

Office Contact Name:

DDI No:

Postcode:

e-mail:

Telephone No:

Fax No:

Do you require Order numbers to be mandatory: Yes

No

Please enter all insurance details below – if you do not hold Plant All Risks Insurance we are unable to supply equipment unless suitable arrangements are made i.e. by taking out our Lox-Guard Damage Waiver

INSURANCE

Please confirm if you are insured for hired plant (✓ as applicable):

Yes

No

IMPORTANT - If yes, a copy MUST be sent with your application.

Limit of Public Liability insurance

Limit of 'All Risks' plant insurance

Lox-Guard Damage Waiver to be taken for every hire

Yes

No

LOXAM TERMS ARE STRICTLY 30 DAYS FROM DATE OF INVOICE

I/we declare that the above information is correct and that I/we have read and agreed to your trading conditions. I/we authorise you to make enquires in relation to this account at your discretion. I/we understand that you may refuse to open a credit account without giving reason.

Signed:.....Name: Position:.....Date:.....