

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 Sole Traders and Partnerships**

Please enclose a company letterhead with your application

COMPANY DETAILS

Acc Opened by: _____

Full Trading Name: _____

Years In business _____

Credit Limit requested: £ _____

Full Trading Address/Invoicing Address: _____

Office Contact Name: _____

Postcode: _____

DDI No: _____

e-mail: _____

Telephone No: _____

Fax No: _____

Partner 1 Name(s): _____

Partner 2 Name (s): _____

Date of Birth _____

Date of Birth _____

Home Address: _____

Home Address: _____

Postcode: _____

Postcode: _____

Telephone No: _____

Telephone No: _____

Please attach a current copy of a home utility bill for each partner

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:.....
Partner 1

SignedName:.....Position.....Date.....
Partner 2