



**M.T KAILL (PLANT HIRE) LTD**  
**GORSEY MOUNT STREET**  
**STOCKPORT**  
**SK1 3BU**

**HIRE DESK**

Tel: 0161 475 2140/2141  
 Email: [hire@kailplant.co.uk](mailto:hire@kailplant.co.uk)  
 Fax: 0161 0872 331 5029

**ACCOUNTS**

Tel: 0161 475 2146  
 Email: [admin@kailplant.co.uk](mailto:admin@kailplant.co.uk)  
 Fax: 0872 331 5014

**CREDIT ACCOUNT APPLICATION FORM**

**FULL BUSINESS NAME AND INVOICE ADDRESS:**

Phone Number:  
 Email:  
 Fax Number:

**REGISTERED OFFICE ADDRESS:**

Company Reg Number:  
 Vat Reg Number:

**PARTNERS/PROPRIETORIES NAMES AND ADDRESSES:**

**BANKERS NAME:**  
**SORT CODE:**

**BANK ACCOUNT NUMBER:**

**TRADE REFERENCE ONE)  
NAME AND ADDRESS:**

Phone Number:  
 Email:  
 Fax Number:

**TRADE REFERENCE TWO)  
NAME AND ADDRESS:**

Phone Number:  
 Email:  
 Fax Number:

**CREDIT LIMIT REQUESTED: £**

THE APPLICANT UNDERSTANDS ALL HIRE ARE UNDERTAKEN IN ACCORDANCE WITH THE CPA MODEL CONDITIONS FOR THE HIRING OF PLANT EFFECTIVE JULY 2011 (A FULL COPY OF WHICH IS ATTACHED), AND ALSO GIVE PERMISSION TO MT KAILL (PLANT HIRE) LTD TO APPROACH YOUR BANKERS FOR A REFERENCE.  
 IN PROCESSING YOUR APPLICATION FOR CREDIT FACILITIES WE MAY MAKE ENQUIRIES TO CREDIT REFERENCE AGENCIES AND OTHER THIRD PARTIES WHO MAY RECORD THOSE ENQUIRIES. WE MAY ALSO DISCLOSE INFORMATION ABOUT THE CONDUCT OF YOUR ACCOUNT TO THESE AGENCIES AND THIRD PARTIES.

**I, THE UNDERSIGNED AGREE TO, AND GIVE PERMISSION FOR THE ABOVE:**

**SIGNED:**  
**POSITION:**

**PRINT NAME:**  
**DATE:**

**FOR OFFICE USE ONLY:**

<b>SATISFACTORY</b>		<b>A/C NUMBER:</b> <b>ON P/SUS:</b> <b>ON H/MATE:</b>	<b>AUTHORISED:</b> <b>DATE:</b>
<b><u>SEARCH</u></b>	<b><u>INSURANCE</u></b>		

## **Confirmation Of Hired In Plant Insurance**

Please forward this form to your Insurance Brokers for completion and return to M T Kaill (Plant Hire) Ltd.

Our Insurance Brokers must check the details of your Hired In Plant insurance before any plant is released. If you have any problems in completing this form, then please contact RBIG Corporate Risk Services Ltd on 0161 304 5047, who will be happy to assist.

### **Hired In Plant Insurance**

**Your Client :**

**Address :**

**Insurer :**

**Policy No :**

**Renewal Date :**

**Excess :**

**Limits of  
Indemnity :**

**Any One Occurrence**

**Single Item Limit**

**Excess :**

**Does the policy include Loss of Continuing Hire Charges ? : YES NO**

**We confirm that the above Insurance Policy is fully operative and that all the premiums have been paid to date. We hereby agree that should the policy be altered or cancelled during the period of the hire contract, written notice will immediately be forwarded to M T Kaill (Plant Hire) Ltd.**

**Also enclosed is a copy of our clients Certificate of Insurance/Indemnity Letter**

**Signature of  
Broker :**

**Position :**

**Date :**

**Stamp/Address :**