



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
Tel: 08456041134 / Fax: 01724 842522

Acc opened by: Alan Bishop

COMPANY DETAILS

Full Trading Name: _____

Company Registration Number: _____ Credit Limit requested: £ _____

Full Trading Address/Invoicing Address: _____

Postcode: _____

Telephone No: _____ Fax No: _____

Office Contact Name: _____

DDI No: _____

e-mail: _____

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:.....

