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CREDIT ACCOUNT APPLICATION FORM - LIMITED COMPANY / PLC

Company Name:
Accounts/Invoicing Address:
.....
.....Postcode:
Accounts Contact Name:
Email Address:
Telephone: Company Registered Number:
Fax: VAT Registration Number:
Mobile: Credit Limit Required: £.....
Nature of Business:
Insurance Company:
Policy Number:

OUR STANDARD TERMS OF PAYMENT ARE STRICTLY 30 DAYS NETT

I Acknowledge Receipt of Altitude Safety Ltd Terms & Conditions of Sale & Hire which will apply to all future transactions unless agreed in writing by a Company Director and confirm that I have authority to open this account.

In accordance with the Data Protection Act 1998 I/We confirm that I am/we are the above named individual(s) or have their consent to provide you with the above information insofar as it comprises personal data and consent to you processing that and any other information which comes into your possession during the period in which this account is running. I understand that in the course of opening and running the account you will obtain further personal data from and may disclose personal data to third parties (including credit circles and reference agencies) for the purposes of running your business and accounts management. I consent to that processing.

TO BE COMPLETED BY APPLICANT

Signed:
Print Name:
Position in Company:
Date:

FOR HEAD OFFICE USE ONLY

Account Authorised By:
Date: Account Number: Credit Limit £.....