KENHIRE APPLICATION FOR CREDIT FACILITIES

TEL: 01233 622991 FAX: 01233 622997 accounts@kenhire.co.uk

COMPANY DETAILS	REFERENCES

Name:	1) Company Name:
Address:	Address:
Telephone:	Post Code:
Contact Name:	Phone: Fax:
email:	
	Contact Name:
Accounts email:	2) Company Name:
Accounts Telephone:	Address:
Company Reg No:	
VAT Reg No:	
	Post Code:
No of Years Trading: Monthly Credit Limit Required:	Phone: Fax:
If not a Limited Company please provide name and address	Contact Name:
details for each partner and please enclose a Company	Contact Nume.
Letterhead with application.	
TERMS	
I/WE UNDERSTAND KENHIRE'S CREDIT TERMS ARE PAYMENT N	IET MONTHLY BY DIRECT DEBIT AND AUTHORISE KENHIRE
TO OBTAIN ANY DETAILS FROM THE BANK AND REFEREES GIVE	N
212117	
SIGNED:	NAME:
POSITION:	DATE:
DIRECT DEBIT MANDATE	
DIRECT DEBIT WANDATE	
Instruction to your bank or	DIRECT
Instruction to your bank or building society to pay by Direct	
KENHIER Building society to pay by Direct	Debit
Please complete and send to: accounts@kenhire.co.uk or	
post to Kenhire Limited, Henwood, Ashford, Kent, TN24 8DX	ce User Number
Name and full postal address of your bank or building society To: The Manager Bank/Building Society	2 7 8 3 4 1
	ruction to your bank or building society
	se pay Kenhire Limited Direct Debits from the account detailed in this
inst	ruction subject to the safeguards assured by the Direct Debit Guarantee
	derstand that this instruction may remain with Kenhire Limited and,
Postcode if so	, details will be passed electronically to my bank/building society.
<u> </u>	
Name(s) of Account Holder(s)	Signature(s)
Branch Sort Code	
	Date
Bank/Building Society Account Number	
Bank/Building Society Account Number	
Bank/Building Society Account Number Reference	