East Mids Hire Limited

Account Application Form

FORM OF INDEMNITY - COMPANY OWN INSURANCE

This is to confirm that we wish to use our own insurance to cover vehicles hired by us from you and that this document forms part of the contract of hiring.

Details of our Insurance Po	olicy are as follows :		
Policy No :		Expiry Date :	
Cover :		Excess:	
Name and address of Insu	rance Co	Name and addre	ss of Broker of Agent
Tel:		Tel:	
Vehicle shall mean any ve accessories, tools and spa		r standard Rental Agreen	nent and shall include all equipment,
Road Traffic Act 1988 and be approved by us and wi	any statutory amendments or	modifications thereto and to drive the vehicle. If	comply with the requirements of the that all drivers using the vehicle will an incident, giving rise to a possible orm to our insurers.
	s to insure and pay for the insu		advise you immediately and you will or to Standard Terms and Conditions
We undertake to be liable	for and to indemnify you agains	st:	
			ne same on hire), injury and damage theft of or damage to a vehicle.
II. All claims and cos the use of the vehi		sustained by any third par	rty howsoever caused resulting from
Despite the terms of this Agreement relating to a ve		nat we remain liable to c	omply with the terms of the Rental
From:	Name of Company :		
Address :		Telephone No :	
		Co Registration No):
		VAT No :	
Signed on behalf of (comp	any) :		
Signature :		Date :	
Print :		Position Held :	

East Mids Hire Limited

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REGISTERED OFFICE ADDRESS

TRADING NAME AND ADDRESS

INSURANCE POLICY:

LETTERHEAD:

OTHER:

TELEPHONE NO:		TELEPHONE NO:				
FAX:		FAX:				
IF A SUBSIDARY, STATE F	'ARENT COMPANY :					
PLEASE TICK AS APPROP						
PLC	LIMITED CO	PARTNERSHIP	OTHER			
DIRECTORS, PROPRIETOR	RS OR PARTNERS DETAIL					
NAME AND ADDRESS:		NAME AND ADDRESS:				
NATURE OF BUSINESS :		I				
NO OF YEARS TRADING :						
	NO :	COMPANY VAT NO :	Y VAT NO :			
COMPANY REGISTRATION NO : COMPANY VAT NO :						
AVEDAGE MONTHLY ODE	DIT DECLUDED					
AVERAGE MONTHLY CRE		0400	WANG			
PROJECTED NO OF VEHICLES PER MONTH: CARS VANS		VANS				
NAME OF BANKERO						
		ACCOUNT NUMBER				
ADDRESS:	BANKERS: ACCOUNT NUMBER:					
		SORT CODE:				
TRADE REFERENCE 1:		TRADE REFERENCE 2 :				
TEL NO :		TEL NO :				
FAX NO :		FAX NO :				
CONTACT:		CONTACT:				
COMPANIES WISHING TO						
		by this company will be in				
		nents. In addition, we will be				
		ny way whilst on rent to us.				
		staff has checked the vehicle				
		ADING TERMS ARE 30 DAYS	NETT			
CHECK LIST/DOCUMENTS	ENCLOSED	NAME:				

PLEASE RETURN COMPLETED FORM FAO: East Mids Hire Ltd.
TELEPHONE:- 0116-264 0023 FAX:- 0116-269 2938 E-MAIL - leicester@eastmidshire.com

SIGNITURE:

DATE:

POSITION IN COMPANY:

YES/NO

YES/NO

YES/NO

OFFICE USE ONLY:		
BMS REF:	ACTUAL CREDIT LIMIT : £	B.D.M
SAGE ALLOCATED Y/N		DATE :





Leicester 0116 264 0023 Nottingham 0115 985 2999

Please fill in the whole form including official use box using a ball point pen and send it to:

East	Mids	Hire	Limi	ited,				
Unit	10 P	infol	d Roa	d,				
Lake	eside	Busir	ness P	'ark				
	rmast							
	ester,							
LE4	8AS							
N (-)	e A	· II-14	(-)					
Name(s)	of Accou	nt Holae	er(s)					
l								
Bank/Bu	ilding So	ciety acc	ount nur	nber				
Branch S	Sort Code	e						
Name an	d full po	stal addr	ess of vo	ur Bank	or Build	I ing Socie	tv	
To: The N			000 000		VI		nk/Building	Society
Address								
					Postcode			

Reference Number (For East Mids Hire Limited use only)

Instruction to your Bank or Building Society to pay by Direct Debit

Originator's Identification Number

Por East Mids Hire Limited Direct Debit Guara understand that this Instruction may remain with East Mids Hire Limited foo, details will be passed electronically to my Bank/Building Society. Date Date	
nstruction to your Bank or Building Society Please pay East Mids Hire Limited Direct Debits from the account detailed his Instruction subject to the safeguards assured by the Direct Debit Guara understand that this Instruction may remain with East Mids Hire Limited foo, details will be passed electronically to my Bank/Building Society. Signature(s)	
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	ntee.
Date	
Date	

Banks and Building Societies may not accept Direct Debit Instructions from some types of account

This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
 The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change East Mids Hire Limited will notify you 3 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by East Mids Hire Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

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