

Please return completed form to:

Hilti (Gt. Britain) Ltd, 1 Trafford Wharf Road, Trafford Park, Manchester, M17 1BY

Fax 0161 786 3867 or email gbnwaccounts@hilti.com

**Your Business:**

Trading Name:	<input type="text"/>	Date Established:	<input type="text"/>
Trade/Nature of Business:	<input type="text"/>	No. of PAYE Employees:	<input type="text"/>

Sole Proprietor:     Partnership:    *(if you tick either of these boxes we require the information below, if partnership we require all partners details. If more than 2 partners use separate sheet)*

First Name	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>		
Date of Birth:	<input type="text" value="DD/MM/YY"/>	Date of Birth:	<input type="text" value="DD/MM/YY"/>						
Home Address:**	<input type="text"/>			Home Address:**	<input type="text"/>				
	<input type="text"/>				<input type="text"/>				
Post Code	<input type="text"/>			Post Code	<input type="text"/>				
Time at Address:	From:	<input type="text" value="DD/MM/YY"/>	To:	<input type="text" value="DD/MM/YY"/>	Time at Address:	From:	<input type="text" value="DD/MM/YY"/>	To:	<input type="text" value="DD/MM/YY"/>

*(if less than 3 years at above address, please supply previous address(s) to cover the last three years (attach separate sheet))*

**\*\*For sole proprietor/partnership accounts photo ID (passport or driving licence) together with 3 utility bills dated in the last 3 months may be required**

**Your Contact Details: NB: contact numbers must contain a land line telephone number**

Trading Address:	<input type="text"/>						
	<input type="text"/>						
Post Code:	<input type="text"/>						
General Contact Name:	<input type="text"/>			General Contact's Position:	<input type="text"/>		
General Contact email:	<input type="text"/>			General Contact Telephone No.:	<input type="text"/>		
Accounts Contact Name:	<input type="text"/>			Accounts Contact Position:	<input type="text"/>		
Accounts Contact email:	<input type="text"/>			Accounts Contact Telephone No.:	<input type="text"/>		

*(this should be the contact details of someone we can contact in the event of any account enquiry or query)*

Payment Terms:    30 days from end of month with Direct Debit     *please ensure the completed mandate is attached*

Document requirements:    Do you require a monthly statement?     Yes     No

Email address for invoices/reminders/statements\*\*        \*\* (email address must be supplied)

**IMPORTANT - READ & SIGN - By signing below you agree to the following terms:**

The information above is, to the best of my/our knowledge, accurate and complete. I/We understand false information can lead to the withdrawal of credit facilities. I/We have read, and hereby agree to abide by, the Terms and Conditions of Sale as detailed overleaf. I/We further agree as follows:

In considering my/our application you will search my/our records with a credit reference agency who will add details of your search and my/our application to my/our records. You will also add details of this agreement to my/our records with that credit reference agency including the payment I/we make under it, my/our payment performance and/or any default including the payment I/we make under it, my/our payment performance and/or any default or failure I/we make in respect of its terms. I/We understand that you may use (only if relevant) a credit scoring or other automated decision making system when assessing my/our application. I/We hereby agree that you may share my/our records with other credit reference organisations and that those records will be used to help make decisions about credit and credit related services for me/us and those with whom I/we have a financial relationship as well as to trace debtors, recover debt, prevent money laundering and fraud and to manage my/our account. I/We agree that you may undertake searches other than in connection with credit reference agencies and although these searches will be added to your records, they will not be shared with others.

**Please note if partnership all signatures are required.**

Authorised Signature:	<input type="text"/>	Position:	<input type="text"/>
Name (print):	<input type="text"/>	Date:	<input type="text" value="DD/MM/YY"/>
Authorised Signature:	<input type="text"/>	Position:	<input type="text"/>
Name (print):	<input type="text"/>	Date:	<input type="text" value="DD/MM/YY"/>

*(if applicable)*

**For Internal Use Only**

 Hilti Account Number: 

 Trade Code:



