

TO BE COMPLETED BY CUSTOMER

Organisation / Customer Name:				Legal Entity:								
Buyer Contact:	Purchase Email:					Purchase Telephone:						
Accounts Contact:	Accounts Email:				Accounts Telephone:							
To help reduce unnecessary printing can we send	d invoices, statements and c	other relevant	corr	espon	nde	ence to you by er	mail?	YES	N	0		
A condition of a hire account is that payment is collected monthly by Direct Debit, please click the link and press allow if prompted, to fill out the Direct debit mandate. https://pay.gocardless.com/AL0006W9ZC28P1 If you wish to discuss payments further please contact your hire representative. Form Complete YES NO												
'Invoice Name (if different from above)				Company / Charity Registration Number?								
Invoice Address:				Years Trading:								
Credit Limit Requested:		Initial Quotation Value:										
Name & Address of Trade Reference 1		Name & Ac	dares	ss of Ir	rac	de Reference 2						
Contact Name:	Contact Na	Contact Name:										
Contact Position:	Contact Position:											
Contact Number:	Contact Number:											
Contact Email:	Contact Email:											
Date Account Opened:	Date Account Opened:											
Current Credit Limit: £	Current Credit Limit: £											
We will confirm acceptance of account via email, first hire order is placed against a pro-forma invoice where we charge delivery, 4 weeks hire and collection upfrom We will then invoice 1st working day of the month for the previous month hire, taking a direct debit payment at the end of the month.									on upfront.			
We confirm that the information above is in all respects complete and accurate, that we are at to place orders on behalf of the customer named. We agree to abide by the Portable Space L terms and conditions are available on request and can be found at www.portablespace.co.uk/t					Limited terms and conditions of supply. (A copy of the Portable Space							
Approved by:	Posi	tion:					Date:					
FOR OFFICE USE ONLY:												
Credit Rating / Limit:	Т	Trade Reference 1										
Copy of Insurance Documents?												
PSL Recommended Credit Limit:			rade	e Refer	rer	nce 2						
Customer type? Sale / Hire / Conversion /Modular												
Account Opened?												
Approved by:			Account Name									
			Account Opened by?									
			Date									