

Your Business:

Trading Name	<input type="text"/>	Date Established:	<input type="text"/>
Trade Name of Business	<input type="text"/>	No. of PAYE Employees:	<input type="text"/>
Business Type	Ltd Company <input type="checkbox"/>	Plc <input type="checkbox"/>	Other <input type="checkbox"/>
	Please Specify <input type="text"/>		
Registered Name (if different from above)	<input type="text"/>	Company Registration No.	<input type="text"/>

Sole Proprietor	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	(if you tick either of these we require the information below, we require all partners details. If more than 2 partners use separate sheet)
First Name	<input type="text"/>	Surname	<input type="text"/>	
Date of Birth	<input type="text"/>	First Name	<input type="text"/>	Surname
		Date of Birth	<input type="text"/>	<input type="text"/>
Home Address	<input type="text"/>			Home Address
	<input type="text"/>			<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>	
Time At Address	From <input type="text"/>	To <input type="text"/>	Time At Address	From <input type="text"/>
				To <input type="text"/>

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

Your Contact Details:

Trading Address	<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's 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)

Tick here if you would like to receive information about Hilti products and services via e-mail

Your Requirements:

Payment Terms: 30 days end of month to be paid by Direct Debit; please complete attached mandate.

Invoicing and statements will be sent electronically by email.

Please provide email address:

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

The information above is to the best of my 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 to my/our records. You will also add details of this agreement to my/our records with that credit reference agency including the the payment I/we make under 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 records with 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 whom I/we have a financial relationship as well as 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 our 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"/>	Authorised Signature	<input type="text"/>
Name (print)	<input type="text"/>	Name (print)	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

For Internal Use Only	Hilti Account Number: <input type="text"/>	Trade Code: <input type="text"/>
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