





Please complete in BLOCK CAPITALS

Please note that we cannot process account applications that are not fully completed

COMPANY INFORMATION									
Date:	Company Name:								
Company Address:									
Postcode:									
Office Telephone No:	Fax No:	Fax No:				Ema	il:		
Company Registration Number:		Date Incorporated:		V.A.T Number:				Website:	
Registered Office Address:									
Postcode:									
Names of all Partners / Directors:									
APPLICANT INFORMATION									
First Name:	Surna	Surname:			Position:			ate of Birth:	
Applicant Home Address:									
Postcode:									
Are you a Homeowner? YES/NO	I Address:						N	umber of years at current address:	
COMPANY BANK DETAILS									
Bankers Name and Address:									
Postcode:									
Account Name:	Account Number: Sort 0			Code:					
In support of your HIRE account application please include: 3. Copy of Co									
				Copy of Companies Insurance Policy Copy of Companies Certificate of Incorporation					
6. Copy of Company Letter Head									
APPLICANT DECLARATION									
I hereby warrant as the undersigned, being a director, partner or member of the Company, with the Company's full authority, agree to									
enter into and sign this Account Application and do jointly and severally guarantee to perform all of the Company's obligations to Warrens Limited T/A Ace Handling (ACE) pursuant to this Account Application and do acknowledge and accept ACE's Terms and									
Conditions of business, to the exclusion of all others, in all Transactions between the Applicant and Ace and warrant the information									
provided for this Account Application is true and accurate and can be relied upon by ACE in all Transactions.									
Signed:								DATA PROTECTION	
Print Name:							By signing this Declaration, you provide your explicit consent for ACE to keep and use your		
								data. You may request for us to delete this	
Date:							data at any time. We will then delete your data.		