





## Please complete in BLOCK CAPITALSs

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

COMPANY INFORMATION									
Date:	Comp	any Name:							
Company Address:									
Postcode:									
Office Telephone No:		Fax No:	Em			Em	ail:		
Company Registration Number:		Date Incorporated:		V.A.T Number:			Website:		
Registered Office Address:									
Postcode:									
Names of all Partners / Directors:									
ADDI IOANIT INICODMATION									
First Name: S					NT INFORMATION  Position:			Date of Birth:	
That Name.		iiiie.	sition.			-	sate of bill th.		
Applicant Home Address:									
Postcode:  Are you a Homeowner?								Number of years at current address:	
YES/NO Address:							'	number of years at current address.	
COMPANY BANK DETAILS									
COMPANY BANK DETAILS  Bankers Name and Address:									
Postcode:									
Account Name:	Account Number			Cort	ort Code:				
Account Name:		Account Number:			3011 00			•	
In support of your HIRE acco	l plication please include:	de: 3. Copy of Comp			Comp	pany Utility Bill			
Copy of Applicant's Latest Utility Bill     Copy of Applicant's Passport or Driving Licence								Insurance Policy	
2. Copy of Applicant's Passpol		_			<ul><li>5. Copy of Companies 0</li><li>6. Copy of Company Le</li></ul>			Certificate of Incorporation Letter Head	
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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.			
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