

BANK ADDRESS:

CONTACT NAME:*

CONTACT – TEL

FAX

Email

ENQUIRY ON:

PLEASE PROVIDE YOUR OPINION CONCERNING THE ABILITY OF YOUR CUSTOMER TO OPERATE AN ACCOUNT WITHIN A CREDIT LIMIT OF:

WE ENCLOSE YOUR ADMIN FEE OF: £

CONSENT

I / WE AUTHORISE (INSERT YOUR NAME) *
TO PROVIDE A BANKER'S OPINION AS STATED ABOVE

SIGNATURE(S) * _____ DATE _____

SIGNATURE(S) * _____ DATE _____

PLEASE FAX THIS FORM ON COMPLETION OF YOUR BANK DETAILS AND SIGNATURE TO:

CREDIT CONTROL DEPARTMENT
HAMILTON RENTALS LIMITED
MAGNUM HOUSE
COOKHAM ROAD
BRACKNELL
RG12 1RB

TEL: 01344 456600
FAX: 01344 401344
or CreditControl-Rentals@hamilton.co.uk

THANK YOU