New Account Waiver Application

Firm or Individual Full Name (Customer)
Trading Name (if applicable)
Postal Address
Number of Depots
Company Registration Number
New or existing Account Customer
Telephone Number
Email
Typical Equipment Hired
Usual overnight location of equipment
Details of overnight security
Claims Have you had any claims or incidents in the last 3 years for loss or damage to hired in equipment **YES / NO** If **YES**, please provide full details: Date Type of Loss (e.g. Theft, Vandalism) Location Amount £
I/We confirm receipt of the Loss & Damage Waiver document.
Customer Signature **Position** **Date**

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Date to HAE	Confirmed by HAE	Date
Additional Information		