

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 £		
	(0.8				
I/We confirm receipt of the Loss & Damage Waiver document.					
		Position	Date		
customer	Signature	FUSICIUM	Date		



Date to HAE	Confirmed by HAE	Date
Additional Information		