



Credit Account Application

Customer Details

Please tick or type X.

Sole Trader: ☐ Limited Company: ☐ Partnership: ☐ LLP: ☐ PLC: ☐ Other: ☐

Trading Name:

Telephone Number:

Trade Contact Name:

Fax Number:

Trading Address including Postcode:

Mobile Telephone Number:

Trade Email Address:

Website Address (if applicable):

Sole Traders and Partnerships

Please list the names and addresses of all Directors.

Name:

Name:

Name:

Address:

Address:

Address:

Postcode:

Postcode:

Postcode:

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PODS and Waste Transfer Notes

We will email PODs and Waste Transfer Notes upon completion of every job. Please specify in the boxes below, the email addresses of the people you wish to receive these notes.

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Other Information

Name of person responsible for settlement of overdue accounts:

Telephone Number:

Fax Number:

Email Address:

Company Registration Number:

Company VAT Number:

Requested Credit
Period (Days):

Requested
Credit Limit:

Expected Monthly
Spend:

TradeReferences

Please supply the names and addresses of two trade references below.

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Confirmation

I have read and agree to abide by the terms and conditions overleaf.

Signed:

Date: