

Griffon Road
Quarry Hill Ind Est
Ilkeston
Derbyshire
DE7 4RF
Tel: 0845 337 1010
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ACCOUNT APPLICATION FORM

1. Business Details

Full trading name of the Business _____

Description of Business activities _____

Accounts address _____

_____ Post Code _____

Account Contact _____

Accounts Email _____

Accounts Telephone _____ Accounts Fax _____

Website _____

Company VAT No. _____ Company Registration No. _____

Is the Company a registered Waste Carrier? YES/NO (Please circle)

If yes what is the registration No. _____ (please fax a copy of the certificate with this form)

Payment Method: BACS / Cheque / Direct Debit / Other: _____

2. Status

(Please tick one box)

Is the applicant a: Limited company Partnership Sole trader

Other (please specify) _____

3. Anticipated monthly credit limit required £ _____

4. Limited Companies

Full name of company _____

Company registration number _____

Company registration address _____

_____ Post Code _____

Holding Company (if any) _____

5. Sole traders and partnerships (Please provide the full name, home address and telephone number of every partner in the firm)

6. Bank details

Bank _____

Branch address _____

_____ Post Code _____

Account name _____

Sort Code _____ Account number _____

7. Trade references

1. Name _____

Address _____

_____ Post Code _____

Telephone number _____ Fax Number _____

2. Name _____

Address _____

_____ Post Code _____

Telephone number _____ Fax Number _____

8. Purchase Order Requirements

Is a purchase order number required on each order? Yes/No (Please circle)

Main Purchase Order Contact _____

Telephone Number _____

Contact Email _____

Please note that our payment terms are as follows:

1. Payment terms are strictly on delivery / 7days / 15th Month following / 30 days / Net monthly (delete as applicable) from the date of invoice. The company retains the right to charge interest on all overdue accounts.
2. Credit limits are set for all customers. Any account exceeding the limit set will be placed on stop until settlement has been made.

By signing below, you are confirming that the information stated is true and you are in acceptance of our terms or payment.

Signed _____ Print name _____

Position _____ Date _____

9. Office Use

Account Manager _____ Account Number _____

Approved Credit Limit _____ Insured Credit Limit _____

Approved By _____ Date _____