

Cherry Holt Road, Bourne, Lincolnshire, PE10 9LA

Waste Permit No: 71005

APPLICATION FOR A MONTHLY CREDIT ACCOUNT

Name:	Position within Company:
Trading Name:	
Registered Name (if different from above):	
Date Established:	
Principle Trading Address:	
Post Code:	
Telephone Number:	Mobile Number:
Wil you be trading with us as a Broker YES NO	
E-Mail Address:	
What is the nature of your business?	
VAT Number:	
Company Registration Number:	
Managing Director:	
Contact Name for Accounts:	Telephone Number:
Trade Reference 1:	Trade Reference 2:
Name of Bank:	
Bank Address (incl Postcode):	
Account Number:	
Sort Code:	
How long has this Account been open?	
Our Terms of Payment for Account Holders are:	
STRICTLY 30 DAYS NETT	
L CONFIDMATINATITIE ACCOUNT WILL BE BAID TO THE ABOVE TERMAS ON A MONTHLY DISC.	

I CONFIRM THAT THE ACCOUNT WILL BE PAID TO THE ABOVE TERMS ON A MONTHLY BASIS.

I CONFIRM THAT THE INFORMATION GIVEN ABOVE IS CORRECT.

AUTHORISED SIGNATORY:

DATE OF SIGNING: