



APPLICATION FOR CREDIT ACCOUNT

PLEASE PRINT CLEARLY

Note: All sections must be completed before application can be processed

COMPANY NAME:

ADDRESS:

Telephone No: Fax No:

E-Mail Address

NATURE OF BUSINESS No. OF YEARS TRADING:

TYPE OF BUSINESS: LTD CO / PARTNERSHIP / SOLE TRADER / OTHER

REGISTERED OFFICE

WASTE CARRIERS LICENCE.....

COMPANY REG NO: DATE INCORPORATED:

NAME OF DIRECTORS / PARTNERS:

PREVIOUS ADDRESS

(if changed within last 3 years)

BANK NAME

ADDRESS:

ACCOUNT NAME: ACCOUNT NO:

TRADE REFERENCE 1:

ADDRESS/ POST CODE:

CONTACT NAME

Telephone No: Fax No:

E-Mail Address:

TRADE REFERENCE 2:

ADDRESS/ POST CODE:

CONTACT NAME

Telephone No: Fax No:

E-Mail Address:

CREDIT LIMIT REQUIRED: £

YORWASTE SITE TO BE USED: YOUR YORWASTE CONTACT

DO YOU REQUIRE ORDER NUMBER TO BE QUOTED ON INVOICE:-.....

I / WE AGREE TO ANY RELEVANT SEARCHES BEING MADE IN CONNECTION WITH THIS CREDIT ACCOUNT APPLICATION.

I / WE AGREE TO MAINTAIN OUR ACCOUNT TO YOUR TRADING TERMS i.e. STRICTLY 30 DAYS FROM DATE OF INVOICE.

SIGNATURE: NAME:

POSITION DATE: