

Company Title \_\_\_\_\_

Trading Address \_\_\_\_\_  
\_\_\_\_\_

Invoice Statement Address \_\_\_\_\_  
\_\_\_\_\_

Address of Registered Office \_\_\_\_\_  
(if different to above)

VAT No \_\_\_\_\_

Company Registration Number \_\_\_\_\_ Landline Number \_\_\_\_\_

Fax Number \_\_\_\_\_ email address \_\_\_\_\_

Mobile Number \_\_\_\_\_ Please state nature of business \_\_\_\_\_

Company SIC Code \_\_\_\_\_

Please state maximum monthly credit required £ \_\_\_\_\_ Name of M.D \_\_\_\_\_

Name of person responsible for paying accounts \_\_\_\_\_

REFERENCE

Name, Address, Telephone and Fax No of two principle suppliers (No fuel Accounts)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approx. Annual spend with above suppliers

£ \_\_\_\_\_ £ \_\_\_\_\_

DECLARATION BY CREDIT APPLICANT

We hereby request you to open a credit account.

I being the authorised officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms (28 days from date of invoice) I / we appreciate that adherence to this obligation is the essence of the contract between us. I also understand that the information given maybe used for credit reference purposes, using a credit reference agency and periodically thereafter.

Please note if you are a dormant non-trading limited company, please attach the Director(s) full name and home addresses and DOB when returning this form.

Signed \_\_\_\_\_ Name (please print) \_\_\_\_\_

Please Return by Post to –

Accounts, A1 Supaskips, Unit 37, Lune Industrial Estate, Lancaster LA1 5QP Fax copies will not be accepted

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