



4 Stratfield Saye
20-22 Wellington Road
Bournemouth
Dorset, BH8 8JN
Tel: 01202 518058 Fax: 01202 526310

Credit Account Application Form

Please complete the form in block capitals using ball point pen

Company Name	
Trading as	
Nature of Business	
Service Required (Permanent bin / Skip / both)	
Nature of Waste	
Monthly Credit Required	

Limited Company Partnership Sole Trader (please tick)

Company Address	Invoice Address (if different)
Postcode	Postcode
Tel No.	Accounts Tel No.
Mobile No.	Accounts Mobile No.
Fax No.	Accounts Fax No.
E-Mail	Accounts E-mail
Date Company Established	VAT Number
Company Registration Number	

Partnerships and Sole Traders must provide Full Name and Residential Address

Name:	Name:
Address	Address
Is the Property Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/>	Is the Property Owned <input type="checkbox"/> Rented <input type="checkbox"/> Leased <input type="checkbox"/>
Home Tel Number	Home Tel Number



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TRADE REFERENCES

Company Name	Company Name
Address	Address
Postcode	Postcode
Tel:	Tel:
Fax:	Fax:
Period of Trading	Period of Trading

BANK NAME	Sort Code
Branch Address	Account Number

DECLARATION

I/We request credit facilities with your company. If given I/we agree to your credit terms that payment is due within 30 days of the invoice date or to any alternative terms agreed. I certify that I have checked the particulars on this form and to the best of my knowledge and belief, they are correct. I also give permission to Waste Management Facilities Ltd to conduct a commercial/consumer credit search and future searches in line with the Data Protection Act (1988).

Signature:

Position:

Print Name:

Date:

FOR OFFICE USE ONLY	
CREDIT CHECK DONE (date)	CREDIT LIMIT SET (amount)
AUTHORISED BY:	DATE