

CREDIT APPLICATION FORM



Full Trading Name.....
Limited/Partnership/ Sole Trader/ PLC (please circle one) Company Registration No.....
Full Address..... Registered Office.....
.....Postcode.....
.....Postcode..... Email Address.....
Telephone No..... Fax No.....

(Sole Trader or Partnership please complete following, if a Limited company, please supply Director's name)

Sole Trader/Partner 1/Director	Partner 2
Full Name.....	Full Name.....
Home Address.....	Home Address.....
.....Postcode..... Postcode.....
Telephone No.....	Telephone No.....

Type of Business	Bank Name.....
Accounts Contact.....	Address.....
Telephone No..... Postcode.....
Fax No.....	A/c..... Sort Code.....
2 nd Contact.....	Name of Account.....

Trade Ref 1	Trade Ref 2
Name.....	Name.....
Address.....	Address.....
.....Postcode.....Postcode.....
Tel..... Fax.....	Tel..... Fax.....

Please accept this form as my/our application for a credit account. Estimated monthly sales of £.....
Signed..... Print Name.....
Position..... Date.....

I/we agree to operate the account in accordance with Neales Waste Management Ltd terms of payment, namely, 30 days from date of invoice.
I/we give consent to a credit search being made on me/company both now & at any future date and understand this search will be recorded by the agency & may be disclosed to subsequent enquirers.

PLEASE INCLUDE A COMPANY LETTER HEAD WITH YOUR APPLICATION
Once form is completed please fax back to Neales Waste Management on Fax: 01254 506301