

Unit 2 Office A, Windsor House (R/H Side),
 Long Bennington Business Park, Main Road, Long
 Bennington, Newark, Nottinghamshire, NG23 5JR
 T 0333 038 4319
 E info@projectwaste.co.uk
 W projectwaste.co.uk



Project Waste

PROJECT WASTE - CREDIT ACCOUNT APPLICATION

APPLICATION:

Person Applying:		Position:	
Company Name:		Tel No:	Fax No:
Address:			
		Post Code:	
Website Address:		Email Address:	
Annual Business Turnover:			

NATURE OF BUSINESS:

BUSINESS STATUS:		Limited Co Partnership	Sole Trader Plc	Company SIC <small>(2007)</small> Code:				
				Co Reg No:				
				Date Formed:				
If sole trader or partnership, please provide full names and date of birth of all partners	Miss/Mrs/Ms/Mr:	Surname:	Forename:	Date of Birth:				
Contact	Miss/Mrs/Ms/Mr:	Surname:	Forename:					
Accounts payable:								
Person/s authorised to use account:								
Invoicing Details <small>(if different from above)</small>	Do you issue order numbers? If yes are they in a standard format? If so could you please supply an example	per contract	Yes:		No:			
		per booking	Yes:		No:			

BANK DETAILS:

Bank Name:			
Address:			
	Post Code:		
Account No:	Sort Code:		
Name of Account:			

TRADE REFERENCES (2 current trading references):

Company:		Contact:	
Address:			
	Post Code:		
Telephone:	Fax:		
Company:		Contact:	
Address:			
	Post Code:		
Telephone:	Fax:		

Are you regular user of skips? (i.e. more than 2 a month)	Yes:		No:	
Expect approx monthly expenditure on skips/waste management with Project Waste:	£			
If you are also a supplier to Project Waste can we arrange contras?	Yes:		No:	
If we are unable to obtain an Insured Credit Limit on your company would you be willing to trade on a Credit Card Payment Agreement before Service	Yes:		No:	

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I/We understand and give consent to Project Waste conducting a credit search, using a Credit Reference Agency.

I/We understand and give consent to details of the performance of any credit facility granted being submitted to credit reference agencies and share with other companies who may be considering offering credit facilities.

I/We understand that any application with more than one party to the agreement will result in a financial connection between those individuals being established at the Credit Reference Agency.

I/We agree to the Terms and Conditions which are applicable, which are published on your website.

AUTHORISED SIGNATURE:	DATE:
PRINT NAME:	
POSITION WITHIN COMPANY:	

Note: The signed original must be forwarded by post.
 Please a **copy of your company letterhead for Company Registration Number** purposes.

Accounts Receivable **Project Waste**

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FOR OFFICE USE ONLY

ACCOUNT OPENED ON CHORUS (Please Initial)			
Credit Card or Cash Only:	YES/NO	ACCOUNT:	YES/NO
CREDIT LIMIT:	£	ACCOUNT NUMBER	

Order Taker		*Customer care executive	
Business		County	
*Business Development Manager		*Acc Team	
C/Shld Ins		Cr Control	
Customer Group		*Contract Manager	
Price Band		Inv Freq	
*Regional Account Manager		*Telesales Team	

***The above must be completed by External/Internal Sales Personnel before Accounts can process the application**

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