

CREDIT ACCOUNT APPLICATION

Full Trading Name & Address:

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..... Post Code:

Tel. No...... Fax No.

Registered Company No.

Invoice Address: (if different)

.....

..... Post Code:

Tel. No...... Fax No.

Full Name/Address of Bankers:

.....

..... Post Code:

Account No...... Sort Code:

Total Credit Limit Required:

We hereby agree to the terms and condition of strictly 28 days from date of invoice.

Authorised company signature:

Print full name:

Position:

Please turn over to complete trade references.

Cont/. over



Please complete and return, with 'Status Enquiry Request' enclosing a copy of your Company headed paper and, where applicable, a copy of your Waste Carriers Licence to the address over.

Status Enquiry Request

We request your opinion as to the means and standing of:

Name: Account No.

Address:

.....

and their / his / her trustworthiness in the way of business engagements to the extent of £

oo OO oo

Consent:

I/we consent to
Bank Plc providing a reference on me/us to Ground Skips Ltd.

Signed Date
(Authorised Signatory according to Bank Mandate)



Full Name, Address and Telephone Number
Of two suitable Trade Referees

1.
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2.
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We reserve the right to stop trading facilities if the agreed credit limit has been reached and continue that suspension until such time as the outstanding balance has been cleared.

