

BOURNE SKIP HIRE & RECYCLING LIMITED



Cherry Holt Road, Bourne, Lincs. PE10 9LA Tel/Fax 01778 394044

Registered Waste Carrier No. ANL/516905 Waste Disposal Licence No. L270

(Both issued by Lincolnshire County Council)

APPLICATION FOR A MONTHLY CREDIT ACCOUNT

Name of Person making Application: _____ Position within Company _____

Trading Name: _____

Registered Name (if different from above): _____

Date Established: _____

Principle Trading Address: _____

Post Code: _____

Telephone Number: _____

FAX Number: _____

e-mail address: _____

What is the nature of your business? _____

V.A.T. Number: _____

Company Registration Number: _____

Managing Director: _____

Contact name for account enquiries: _____

Trade References: _____

Name of Bank: _____

Address of Bank (including Post Code): _____

Account Number: _____

Sort Code: _____

How long has this Bank Account been open? _____

Our Terms of Payment for Account Holders are :

"PAYMENT TO BE MADE BY THE END OF THE MONTH FOLLOWING THE MONTH OF DELIVERY"

I CONFIRM THAT THE ACCOUNT WILL BE PAID TO THE ABOVE TERMS ON A MONTHLY BASIS.

I CONFIRM THAT THE INFORMATION GIVEN ABOVE IS CORRECT.

AUTHORISED SIGNATORY: _____

DATE OF SIGNING: _____