

## CREDIT ACCOUNT APPLICATION

### APPLICANT

Person Applying:

Position:

Company Name:

Telephone No.

Fax No.

VAT Registration No.

Address:

Post Code:

### NATURE OF BUSINESS

**BUSINESS STATUS:**

Sole Trader

Partnership

Plc

**Limited Co**

Co Reg No.

Date Formed:

**If sole trader or partnership,  
Please provide full names**
**And date of birth of all**
**Partners.**
***This is required under the  
Data Protection Act 1998  
(Effective October 2001)***
**Miss/Mrs/Ms/Mr:**
**Surname:**
**Forename:**
**Date of Birth:**
**Contacts:**

Miss/Mrs/Ms/Mr:

Surname:

Forename:

Accounts payable

 Person/s authorised  
To use account

Invoicing Details (if different from above)

 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

Email address or Fax number to issue statements to:

### TRADE REFERENCES (2 current trading references)

Company:

Contact:

Address:

Post Code:

Telephone:

Fax:

Company:

Contact:

Address:

Post Code:

Telephone:

Fax:

Description of Waste Categories/Types e.g. Contaminated soils, Drummed or IBC waste & approximate monthly volumes Tonnes/IBC'S Month	
1.	
2.	
3.	
4.	

<b>Estimated amount of credit required</b> £ ..... Per month.
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<p>I/We understand and give consent to Chemwaste Ltd in conducting a credit search, using a Credit Reference Agency.</p> <p>I/We understand and give consent to details of the performance of any credit facility granted being submitted to credit reference agencies and shared with other companies who may be considering offering credit facilities.</p> <p>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.</p> <p>I/We understand that the payment terms for Chemwaste Ltd are 30 days from invoice date unless otherwise agreed in writing.</p> <p>I/We accept that credit facilities may be withdrawn at any time without notice should the account remain unpaid beyond the due date or if the amount of credit taken exceeds the agreed credit amount.</p> <p>We confirm that the above information is correct and that we have read and agree to be bound by the terms and conditions.</p> <p>SIGNATURE OF APPLICANT: _____ Date: _____</p> <p>Please print name: _____</p>
<p><b>NOTE:</b> The signed original must be forwarded by post to the following address. Please attach a copy of your company letterhead for Company Registration Number purposes.</p> <p>Chemwaste Ltd , Ladywood Way, Ravensthorpe Ind. Estate, Ravensthorpe Dewsbury WF13 3LN Tel: (0141) 2427900 Fax: (0141) 2427901</p>

FOR OFFICE USE ONLY			
<b>Account Manager:</b>	Credit Required:		
<b>Issuing Site:</b>	DATE	ACCOUNT NO	CREDIT LIMIT
APPLICATION FOR ACCOUNT			
CREDIT INSURANCE LIMIT			
INTERNAL CREDIT LIMIT			
ACCOUNT APPROVAL SENT TO CUSTOMER			