



PEAK WASTE RECYCLING LTD

Waste Disposal Services

Wood Lane, Kniveton, Ashbourne, Derbyshire, DE6 1JF

• Telephone: 01335 342276 - 5 lines • Fax : 01335 343160 •



Office Use A/C No. _____

CREDIT APPLICATION FORM

Section A. (To be completed by ALL applicants)

Full Trading Title: _____

Trading Address : _____

Post Code: _____ Telephone: _____ Fax: _____ Email: _____

Invoice Address (if different from above): _____

Post Code: _____ Telephone: _____ Fax: _____ Email: _____

How many years has the company been established? _____

Amount of credit required: _____ **Office Use-Authorised:** _____

Bankers Name and Address: _____

Bank Account Number: _____ Bank Sort Code: _____

Section B. (To be completed by Limited Companies only)

Full Company Name: _____

Registered Office Address: _____

Company Registration Number: _____

Date Incorporated: _____

WHEELIE BIN SERVICES



Section C. (To be completed by Sole Traders/Partnerships)

(1)Name: _____ Position Held: _____
Address: _____

Post Code: _____ Tel: _____ Mobile: _____ Email: _____

(2)Name: _____ Position Held: _____
Address: _____

Post Code: _____ Tel: _____ Mobile: _____ Email: _____

Section D. Purchase Procedures, Please give the name/s and job title/s of the person/s permitted to authorise orders on your behalf.

Section E. Trade References. Please supply a minimum of two trade references, to which an approach may be made.

(1)Name: _____
Address: _____

Telephone: _____

(2)Name: _____
Address: _____

Telephone: _____

**BY SIGNING THIS FORM YOU ARE AGREEING TO ADHERE TO
PEAK WASTE RECYCLING'S TERMS AND CONDITIONS**

I/We _____ accept that payment to Peak Waste Recycling Ltd. Shall be made 30 days nett.

Signed: _____ Print: _____

Position Held: _____ Date: _____

Please enclose a copy of your letterhead with this application.