

# Recycling with Skips Ltd

## Credit Account Application Form



Please complete all sections of this credit account application form. For us to open your account please sign section 6 confirming that you agree to adhere to the terms and conditions listed below. Completed forms should be returned to Recycling with Skips Ltd, GK Depot, Trout Road, West Drayton, UB7 7SN or [info@quickskiphire.com](mailto:info@quickskiphire.com)

### Customer Details

Company Trading Name			
Trading Address (including postcode)			
Registered Address (if different from above)			
Name of Account Contact			
Telephone Number		Fax Number	
Email Address			

### Company Information

Type of Business (please tick relevant box)	<input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader	Are your premises (partnerships / sole traders only)	<input type="checkbox"/> Owned by you <input type="checkbox"/> Leased by you <input type="checkbox"/> Other
Description of Business			
Company Registration No		Credit limit required	
Company VAT Number		What date will you make the payment	
Number of Years in Business	<input type="checkbox"/> Years / <input type="checkbox"/> Months	How will you pay?	<input type="checkbox"/> BACS <input type="checkbox"/> Cheque <input type="checkbox"/> Card

### Trade References

Trade Reference A Name		Trade Reference B Name	
Address (including postcode)		Address (including postcode)	
Telephone Number		Telephone Number	
Fax Number		Fax Number	
Email Address		Email Address	

I/we make this application to open a credit account with Recycling with Skips Ltd. I/we understand the credit terms are that payment is due strictly 30 days from the end of the month. If credit is granted I/we agree to pay in accordance with these terms. I/we understand that Recycling with Skips Ltd reserve the right to place the account on hold and insist on payment of all outstanding money where account is overdue, or in excess of the credit limit. By signing this form, you agree to our general terms and conditions of business. This form needs to be signed by a Director/Partner of the company.

**Please also supply a copy of headed paper along with this credit request form**

Signed (on behalf of applicant)		Name	
Date		Position in company	