

# APPLICATION FOR A CREDIT ACCOUNT



Please fill in and email or return this form – see details at the foot of this application.

Name of Company:.....

Address:.....

.....

Company Registration No:..... Vat Registration Number:.....

Telephone No:..... Accounts Contact Name:.....

Email Address for Statements:.....

Credit Amount Required: £..... Contact Name:.....

Please tick which services you are interested in:

Asbestos  Demolition  Skip Hire  Tipper Hire  Other (please specify)

Name/Address of 2 Trade References:

1).....

.....

Telephone No..... Email Address.....

2).....

.....

Telephone No..... Email Address.....

I/We wish to apply for a credit account and understand by doing so the terms of credit are that payment is due promptly within thirty days from the date on the invoice. I/We agree to abide by those conditions.

Proprietor/Partner (Please Note ALL partners must sign)

Name..... Signature:.....

Name..... Signature:.....

Office use only: Top Service risk score \_\_\_\_% Top Service suggested credit limit \_\_\_\_\_

Credit account agreed: Yes/No Credit Limit £\_\_\_\_\_ Terms: \_\_\_\_\_ days

Director Approval: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account review date: \_\_\_\_\_

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