

SECTION ONE

Full Name / Trading Title (Please provide letterhead)

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Full Postal Address

Address	
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Tel No.		Fax No.	
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Mob No.		E-mail	
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Bank Name	
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Sort Code		A/C No.	
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**WHEN SIGNING THIS APPLICATION YOU GIVE US AUTHORISATION TO TAKE
A BANK REFERENCE AT OUR DISCRETION AT ANY TIME**

Type of Customer (e.g. Plumber, Builder, Electrician, etc.)		No. of Years Trading	
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	Anticipated Monthly Turnover
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Credit Limited Required £	
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Have you been an Account Customer with us before?	
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If YES give details	
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SECTION TWO

LIMITED & PUBLIC LIMITED COMPANIES only

Company Reg. No.		Incorporation Date	
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Directors Names		
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Do you have a Parent or Holding Company? Please give details	
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If you do have a Holding Company please give Reg. No.	
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Holding Company name	
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SECTION THREE

Are you a Sole Trader or Partnership?	Yes	No
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If Yes please provide 2 Utilities bills

Proprietor(s) full name(s) & address(es)

If less than three years at current address please provide previous address details.

Name	
Date Of Birth	
Address	
	Post Code

Name	
Date Of Birth	
Address	
	Post Code

Name	
Address	
	Post Code

Name	
Address	
	Post Code

Previous address details if applicable

SECTION FOUR**ALL APPLICANTS****Trade References**

Name	
Address	
	Post Code

Name	
Address	
	Post Code

Tel No.	
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Tel No.	
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Fax No.	
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Fax No.	
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I hereby confirm that I am duly authorised on behalf of the customer to enter into this contract with Eastern Waste Disposal Ltd, & confirm that I have received & read a copy of Eastern Waste Disposal Ltds standard business terms & conditions with settlement due by the 20th of the month following, which I accept & believe to be reasonable. I acknowledge that by signing & returning this form I / the customer shall be bound to contract on the terms of Eastern Waste Disposal Ltd & give authorisation for Eastern Waste Disposal Ltd to carry out searches about myself with credit reference agencies, this information will be used to assess my application & to verify my identity. Eastern Waste Disposal Ltd may also use this information for debt tracing & management of my account.

Customer's Signature(s)	
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Position in Company	
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Date of Application	
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PLEASE RETURN COMPLETED FORM TO ADDRESS ON FRONT SHEET