**Account Application Form**

|  |  |
| --- | --- |
| NAME OF COMPANY |  |
| ADDRESS |  |
|  |  |
|  |  |
| POSTCODE |  |  |
|  |  |
| ACCOUNTS OFFICE TEL NO. |  |
|

|  |  |  |
| --- | --- | --- |
| TYPE OF ORGANISATION |  | Sole Trader |
| (tick or X) |  | Partnership |
|  |  | Limited Company |
|  |  | Limited Company Owned by Group |
|  |  | Registered Charity |
|  |  | Government Owned |
|  |  | Other (please specify) |
|  |  |  |

 |  |
| EMAIL ADDRESS |  |
| CREDIT LIMIT (required) |  |

|  |  |  |
| --- | --- | --- |
| COMPANY REGISTRATION NO. |  |  |
| DATE BUSINESS COMMENCED |  | / |  | / |  | (DD/MM/YYYY) |

|  |  |  |
| --- | --- | --- |
| **Have any of the Directors or Principal Officers been involved in companies that went into liquidation or receivership in the last 5 years?** |  |  |
| YES / NO |  |
| MAIN ACTIVITY OF COMPANY |  | SIC CODE |  |

|  |  |  |
| --- | --- | --- |
| TYPE OF ORGANISATION |  | Sole Trader |
| (tick or X) |  | Partnership |
|  |  | Limited Company |
|  |  | Limited Company Owned by Group |
|  |  | Registered Charity |
|  |  | Government Owned |
|  |  | Other (please specify) |

|  |  |  |
| --- | --- | --- |
| TYPE OF SERVICE REQUIRED |  | Commercial Wheeled Bins |
| (tick or X) |  | Commercial Skips / Roll on roll offs |
|  |  | Construction Wheeled Bins |
|  |  | Construction Skips / Roll on roll offs |
|  |  | Other (please specify)  |
|  |  |  |
| HOW REGULAR IS THIS SERVICE in the service required |  | Weekly |
| (tick or X) |  | Monthly |
|  |  | Fortnightly |
|  |  | One off Annual Event |

**Account Application Form cont…**

**Sole Trader / Partnership**

|  |  |
| --- | --- |
| NAME \* |  |
| DATE OF BIRTH |  | / |  | / |  | (DD/MM/YYYY) |
| TELEPHONE \* |  | EMAIL \* |  |
| HOME ADDRESS |  |
|  |  |
| POSTCODE |  |  |

|  |  |
| --- | --- |
| NAME \* |  |
| DATE OF BIRTH |  | / |  | / |  | (DD/MM/YYYY) |
| TELEPHONE \* |  | EMAIL \* |  |
| HOME ADDRESS |  |
|  |  |
| POSTCODE |  |  |

**Company Details**

|  |  |
| --- | --- |
| PROPRIETOR / DIRECTOR NAME(S) |  |
|  |
| INVOICE EMAIL \* |  |
| INVOICE ADDRESS \* |  |
|  |  |
| POSTCODE |  |  |
|  |  |
| ACCOUNTS EMAIL ADDRESS |  |
|  |  |
| REGISTERED ADDRESS |  |
|  |  |
| POSTCODE |  |  |

**Account Application Form cont…**

## Trade Reference 1

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
|  |  |
|  |  |
| POSTCODE |  |  |
| TELEPHONE NUMBER |  |  |
| EMAIL ADDRESS |  |  |

## Trade Reference 2

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
|  |  |
|  |  |
| POSTCODE |  |  |
| TELEPHONE NUMBER |  |  |
| EMAIL ADDRESS |  |  |

## Communications Preferences

## Crossways Recycling is paperless and therefore an email address is required for all Invoices to be sent.

|  |  |
| --- | --- |
| Email Address for Invoices  | 1. |
| 2. |

I would like to opt in of receiving updates about service promotions, special offers, news and events. Tick here as per the GDPR guidelines 

Please note that occasional customer service messages, service interruptions, delivery arrangements, service safety and terms and conditions do not count as promotional material and will be sent to customers from time to time.

Where did you hear about us?

Search EngineLeafletHGV SignageNewspaper Advert Other

|  |  |
| --- | --- |
| Name of sales person |  |

##

**CONDITIONS OF GRANTING CREDIT ACCEPTANCE BY THE APPLICANT**

|  |  |
| --- | --- |
| I, the undersigned, on behalf of |  |
| apply to open a credit account with Crossways Recycling Limited and agree to pay all money for services provided within 30 days from date of invoice and all queries regarding invoices, or reasons why payment in full will not be made, should be notified in writing to our company within 14 days.   |
| I also understand that upon failure to meet this condition of payment, credit facilities could be immediately withdrawn and that Crossways Recycling Limited reserve the right to take whatever action may be necessary to recover money due to them. Furthermore that Crossways Recycling Limited will, on a regular basis, reapply for references.  |
|  |  |  | DD |  | MM |  | YYYY |
| Signature | Date |  | / |  | / |   |
|  |  |  |  |  |  |  |
| Print Name |  | Position |  |

**Account Application Form cont…**

|  |  |
| --- | --- |
| **SALES USE ONLY** |  |
|  |  |
| Sales Representative |  |
|  |  |
| Invoicing Frequency |  | (Weekly / Monthly) |
|  |  |
| Credit Terms |  |
|  |  |
| Special Invoice Requirements |  |
|  |  |
| Customer Relationship Email |  |
|  |  |
| **ADMIN USE ONLY** |  |
|  |  |
| Credit Application Received |  | / |  | / |  | (DD/MM/YYYY) |
|  |  |
| Trade / Bank Reference Sent |  | / |  | / |  | (DD/MM/YYYY) |
|  |  |
| Credit Limit |  |  |
|  |  |
| Approved By |  | On |  | / |  | / |  |
|  |  |
| Account Number |  |  |
|  |  |
| Notes |  |