



Credit Application

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|--|--|--------------------------------------|--------------------------------------|
| Applicant Company Name | | | |
| Trading Address 1 | | | |
| Trading Address 2 | | | Postcode |
| Company Reg. Name (If different) | | | |
| Registered Address 1 | | | |
| Registered Address 2 | | | Postcode |
| If material coming from other sites, please tick and specify address on additional paper | | | |
| Company Registration No. | | Year Company Established: | |
| Company VAT No. | | Telephone | |
| Description of Business | | | |
| Is the Business a: | | | |
| <input type="checkbox"/> Sole Trader | | <input type="checkbox"/> Partnership | <input type="checkbox"/> Ltd Company |
| Operations Email Address | | Is an official Order Required Y/N | |
| Monthly Credit Limit Required | | Is a PO Number required | |
| Accounts Contact Name | | Accounts Telephone | |
| Accounts Email Address | | | |
| If Ltd Company, Names only, if Sole Trader or Partnership, Full Address and D.O.B | | | |
| Principal Directors | | Director 1 | Director 2 |
| Address 1 | | | |
| Address 2 | | | |
| Town | | | |
| Postcode | | | |
| Telephone No. | | | |
| Date of Birth | | | |
| Bankers Details | | | |
| Bank Name | | Sort Code | |
| Account Name | | Account No. | |
| Trade References: | | Trade Ref 1 | Trade Ref 2 |
| Company Name | | | |
| Address 1 | | | |
| Address 2 | | | |
| Town | | | |
| Postcode | | | |
| Contact Name | | | |
| Email Address | | | |
| Monthly Credit Limit | | | |
| I, the undersigned, acting with the appropriate authorisation, guarantee performance of all the company's financial obligations to Hoban Waste Management Ltd | | | |
| Signed | | Signed | |
| Name | | Name | |
| Position - Director/ Partner | | Position - Director/ Partner | |
| Date | | Date | |
| Please initial to accept Hoban Waste Management Ltd payment terms of 30 days from date of Invoice | | | |