

Thompson Waste Management Ltd

Customer Credit ApplicationTEL: 01724 871971
FAX: 01724 847786

Customers requesting a credit facility are required to complete sections 1-5

PART 1**Customer Details**

Customer Details			
Full Trading Name			
Trading Address			
Invoice Address (If different from above)			
Nature of Business		Date Established	
Accounts Contact for Payment of Invoices			
Name		Position	
Tel		Ext	
Email		Fax	

PART 2**Limited Company Details**

Limited Company Details	
Company Name	
Registered Address	
Company Registration Number	
Date Incorporated	
Ultimate Parent Company (if any)	

(Sole Traders & Partnerships please turn to page 2)

CREDIT CONTROL USE ONLY:

EXISTING SC / GAI NUMBER: _____ R/D ____ / ____ / ____ G / B REFS SENT ____ / ____ / ____

CL APPROVED £ _____ SITE / CUST INFORMED: ____ / ____ / ____ BY _____

PART 3 (To be completed by Sole Traders & Partnerships only – Limited Companies go to Part 4)

Sole Trader & Partnership Details			
Full Names & Address(es) of Proprietor/Partners			
Name			
Full Address			
Tel		Fax	
Email			
How many years resident?			

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Name			
Full Address			
Tel		Fax	
Email			
How many years resident?			

PART 4 (Please provide details of any other trading names in the past five years)

Full Trading Name		
Trading Address		

Full Trading Name		
Trading Address		

PART 5

BANK DETAILS	Name of Bank:
Bank Address	_____
	Post Code: _____
	Sort Code: _____ Account No: _____

PART 6 (Please provide details of 3 Trade References – all boxes require completion)

Trade Reference 1			
Company Name			
Company Address			
Contact		Position	
Tel		Fax	
E-mail		Ext	
Please state in the box what line of business the reference is in and how long they have been a suppliers	Business Type Yrs		months

Trade Reference 2			
Company Name			
Company Address			
Contact		Position	
Tel		Fax	
E-mail		Ext	
Please state in the box what line of business the reference is in and how long they have been a suppliers	Business Type Yrs		months

Trade Reference 3			
Company Name			
Company Address			
Contact		Position	
Tel		Fax	
E-mail		Ext	
Please state in the box what line of business the reference is in and how long they have been a suppliers	Business Type Yrs		months

PART 7

ACKNOWLEDGEMENT				
I/We hereby request you to open a credit account. I/We authorise Thompson's to make a credit search with a credit reference agency using the information given in this application form.				
Print Name	Position	Day	Month	Year