



APPLICATION FOR CREDIT ACCOUNT

Countrystyle Recycling
Stanford Bridge Farm
Station Road, Pluckley
Kent, TN27 0RU
Tel : (01233) 821200
Fax : (01233) 820044

SECTION A: (to be completed by all applicants)

Full Trading Title _____

Invoice Address _____

_____ Post Code _____

Telephone No STD Code _____ Number _____ Fax No _____

Nature of Business _____

How long established Years: _____ Months: _____ D.O.B: _____

Credit Limit Required £ _____ .00p

Bank Name and Address _____

Tel No _____ Account No _____ Sort Code _____ - _____

SECTION B : (to be completed by Limited Companies only)

Company Name (if different from above) _____

Registered Office Address _____

Company Reg No _____ Incorporation Date _____

Name of Directors 1 _____ 2 _____

3 _____ 4 _____

If you are part of a Group of Companies, a subsidiary or Associated with any other Companies, please give details

Section C : (to be completed by Sole Traders, Partnerships etc)

Full Name(s) and Home Address(es) of Proprietors / All Partners(s)

1	2	3

Tele : _____

Section D: (to be completed by all applicants)

Full Names and Address of Trade Referances to whom an approach may be made.

Please give two with whom you have established accounts (not fuel accounts)

1	2
_____	_____
_____	_____
_____	_____

Tel _____

Tel _____

Fax _____

Fax _____

Please provide a copy of your company headed paper.

I/We hereby agree to make payment of all monies due on my/our account in accordance with Countrystyle Recycling Ltd Payment terms, which are nett monthly account, payable no later than the 30th day of the month following the invoice.

I/We confirm the particulars stated above are correct

I/We authorise Countrystyle Recycling Ltd to make status enquiries in connection with this application for credit

Signed: _____ **Position:** _____ **Date:** _____

FOR OFFICE USE ONLY

A/C No _____

Credit Limit £ _____

Authorising Signature _____ **Date:** _____