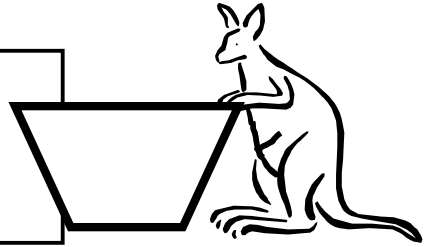


# Redbridge Recycling Ltd



45 – 47 ROEBUCK ROAD, HAINAULT BUSINESS PARK  
HAINAULT, ESSEX, IG6 3TU  
TEL: 020 8500 8031  
FAX: 020 8500 0397

## Credit Account Application Form

Co. Trading Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Please include \_\_\_\_\_ Accounts \_\_\_\_\_  
Your postcode) \_\_\_\_\_ Contact: \_\_\_\_\_  
Credit Limit Req'd: £ \_\_\_\_\_ VAT No: \_\_\_\_\_

Type of Business: Ltd Co.  Partnership  Sole Trader

Are Your Premises : Owned by you?  Leased by you?  (Partnership/Sole Traders Only)

Years in Business: Over 5 Yrs  1 – 5 Yrs  New Co.

How will you pay? **Direct Debit** **BACS** **CHEQUE** **BARCLAYCARD**

Reg'd No: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Directors Name(s): \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TRADE REFERENCE (1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### TRADE REFERENCE (2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Position: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Customer Bank Details

Bank Name: \_\_\_\_\_ Sort Code: \_\_\_\_\_  
Address: \_\_\_\_\_ Account No: \_\_\_\_\_  
\_\_\_\_\_ Account Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONSENT FORM

To: The Manager  
\_\_\_\_\_ Bank PLC Branch: \_\_\_\_\_

\_\_\_\_\_ consent to Skippy Waste & Recycling Ltd applying for a  
(Co. Name) reference to the above bank from time to time as required.

Signed: \_\_\_\_\_ For and on behalf of: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Sirs,

We refer to the above named customer of yours and request your opinion as to their suitability to meet monthly credit terms of £\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For and on behalf of  
Skippy Waste & Recycling Ltd

Please reply to : Skippy Waste & Recycling Ltd, 45-47 Roebuck Road, Hainault Ind. Est, Hainault, Essex, IG6 3TU