| 2020 Recycling Ltd | |
|--|--|
| (Account Application Form Up To £1000) | 7000 |
| Telephone: 01483 232 010 Fax: 01483 233 030 | RECYCLING |
| Company Name: | Address: |
| company Nume. | Address. |
| Telephone Number: | |
| Fax Number: | Postcode: |
| Invoice Address (If Different From Above): | Accounts Telephone Number: |
| | Accounts Fax Number: |
| | Accounts Contact Name: |
| Accounts Email: | |
| Type of Business: | |
| Private Limited Company: Public Limited Company | Partnership: Sole Trader: |
| Date of Formation: | Co. Registration Number: |
| VAT Registration Number: | |
| Monthly Credit Required (If Different From Above): £ | |
| Directors Names: (If more than 4 Directors please write on a | separate sheet) |
| 1: | 3: |
| 2: | 4: |
| Home Address (es) of Sole Trader or Partnership: (If more tha | n 2 Partners please write on a separate sheet) |
| Full Name: | Full Name: |
| Date of Birth: | Date of Birth: |
| Home Address : | Home Address: |
| Destanda | Destroyle |
| Postcode: | Postcode: |
| Trade References: | |
| Company Name: | Company Name: |
| Contact Name: | Contact Name: |
| Address: | Address: |
| Tel: | Tel: |
| Fax: | Fax: |
| Bank Name: | Address: |
| Bank Account Name: | |
| Account Number: | |
| Sort Code: | |
| Declaration: I, the undersigned, agree to adhere to your credit | terms of 30 days stictly net, and accept that |
| a credit charge at the current bank rate will be levied after this | |
| guarantee immediate payment should the above company def | |
| in the collection of monies due. I understand that you reserve | - • |
| at any time. | |
| Must be signed by an authorised signatory of the above name | ad company |

Print name:

Date:

Signed:

Position: