



TBD Morris Recycling Ltd
Ingleberry Road
Shepshed
LE12 9DE
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accounts@tbdmorris.com

CREDIT ACCOUNT APPLICATION FORM

1. Business Details

Full Trading name of the Business _____

Description of Business activities _____

Account address _____

_____ Post Code _____

Account Contact _____

Accounts Email _____

Accounts Telephone _____ Accounts Fax _____

Website _____

Company VAT No. _____ Company Reg No. _____

Is the company a registered Waste Carrier? YES / NO (Please circle)

If YES what is the registration No. _____ (Please fax a copy of the certificate)

Payment Method: BACS / Cheque / Other: _____

2. Status (Please tick one box)

Is the applicant a: Limited company Partnership Sole trader

Other (please specify) _____

3. Anticipated monthly credit limit required £ _____

4. Limited Companies

Full name of company _____

Company registration number _____

Company registration address _____

_____ Post Code _____

Holding Company (if any) _____

5. Sole traders and partnerships

(please provide the full name, home address and telephone number of every partner in the firm)

6. Bank Details

Bank _____
Branch address _____
_____ Post Code _____
Account Name _____
Account Number _____ Sort Code _____

7. Trade references

Name and address	Name and address
_____	_____
_____	_____
_____	_____
_____	_____
Post Code _____	Post Code _____
Telephone number _____	Telephone number _____
Fax number _____	Fax number _____
Telephone number _____	Telephone number _____

Please note our payment terms are as follows:

1. Payment terms are strictly 30 days from the end of month in which invoice raised. The company retains the right to charge interest on all overdue accounts.
2. Credit limits are set for all customers. Any account exceeding the limit will be placed on stop until settlement has been made.

By signing below, you are confirming that the information stated is true and you are in acceptance of our terms of payment.

Signed _____ Print name _____
Position _____ Date _____