



MONTHLY CREDIT APPLICATION FORM

Please complete this form and send it to us via either e-mail attachment, fax or post.

<p>1. Account Name Name _____ Address _____ _____ _____ Postcode _____ Tel No _____ Fax No _____</p> <p>Please indicate if different invoicing Address required: - _____ _____ _____</p>	<p>2. If Limited Company Company Registration No _____ & Registered Office Address _____ _____ _____</p> <p>3. If Not Limited – Please supply Names/Addresses Proprietor/1st Partner _____ _____ _____ 2nd Partner _____ _____ _____ (Please use separate sheet if necessary)</p>
<p>4. Type of Trade or Occupation _____ _____</p> <p>7. Total Amount of Credit Required? _____</p>	<p>5. How Long Established? _____</p> <p>6. Customer Contact _____</p> <p>8. Accounts Contact _____</p>
<p>9. Trade References: - (must be completed)</p> <p>a) _____ _____ _____ Tel _____</p> <p>c) _____ _____ _____ Tel _____</p>	<p>b) _____ _____ _____ Tel _____</p> <p>10. Bank Details _____ Bank Name _____ Bank Address _____ _____ Sort Code _____ Acc No _____</p>

I/We wish to open a Monthly Credit Account and submit the above for your consideration. You are authorised to apply for any references required in the event of Monthly Credit Facilities being granted. I authorise that: -

- (a) The terms of trading are net cash 30 days from date of invoice
- (b) Credit facilities will be withdrawn if the accounts remain unpaid beyond the due date
- (c) Recyclo Ltd may make a search with a credit reference agency, and will keep a record of that search. It may also make enquiries about the principle directors with a credit reference agency.

Completed by _____ Position _____ Date _____

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