

COASTAL RECYCLING
FORM OF APPLICATION FOR ACCOUNT FACILITIES

COMPLETE ALL ANSWERS IN CAPITAL LETTERS

FORM NO. P37E – 05 ISSUE 3

INVOICING

NAME OF BUSINESS	BUSINESS			
CORRESPONDENCE	CORRESPONDENCE			
ADDRESS	NAME / NUMBER	STREET		
	STREET	CITY	COUNTY	POST CODE
EMAIL ADDRESS	EMAIL ADDRESS		WEBSITE	
TELEPHONE NUMBER	LANDLINE	MOBILE	FAX	
TYPE	SOLE TRADER	PARTNERSHIP	PLC	LTD COMPANY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONTACT	NAME OF CONTACT			

COMPANIES ACT

REGISTRATION NO.	REGISTRATION NO.			
NAME OF BUSINESS	BUSINESS			
ADDRESS	NAME / NUMBER	STREET		
	STREET	CITY	COUNTY	POST CODE
TELEPHONE NUMBER	LANDLINE	MOBILE	FAX	

TRADE REFERENCE 1

REFERENCE NAME	NAME	ADDRESS	STREET NAME AND NUMBER	
	STREET	CITY	COUNTY	POST CODE
TELEPHONE NUMBER	LANDLINE	MOBILE	FAX	

TRADE REFERENCE 2

REFERENCE NAME	NAME	ADDRESS	STREET NAME AND NUMBER	
	STREET	CITY	COUNTY	POST CODE
TELEPHONE NUMBER	LANDLINE	MOBILE	FAX	

BANKERS REFERENCE

NAME	NAME OF BANK	ADDRESS	STREET NAME AND NUMBER	
	STREET	CITY	COUNTY	POST CODE
ACCOUNT DETAILS	NAME OF ACCOUNT	ACCOUNT NUMBER	SORT CODE	

TYPE OF WASTE TO BE DEPOSITED	TYPE OF WASTE
MONTHLY ANTICIPATED VALUE OF BUSINESS	£

I have read and agree to be bound by the Terms and Conditions of Business and I acknowledge receipt of the Coastal Recycling Rates of Charge currently in force which I understand may be amended from time to time.

Please return form to Coastal Recycling Services Ltd, Units 1 & 2 Mulberry Court, Lustleigh Close, Matford Business Park, Exeter, EX28PW.

SIGNATURE	POSITION HELD	DATE
-----------	---------------	------