

ACCOUNT APPLICATION FORM

Allmead Commercial Recycling
Albert Road
St Phillips
Bristol
BS2 0XT



Head Office: Tel (0117) 9710681
Fax (0117) 9721565 accounts@allmead.co.uk

(Please fax/send or email this application form to our Head Office with a copy of your Headed Paper)

COMPANY INFORMATION Full Company Name	
Invoice Address	Postcode
Registered Office (If different from above)	Postcode
Telephone Number	
Fax Number	
Mobile Number	
e-mail Address	
Contact Name	
Date Business Established	
Names and addresses of all Directors/Partners/ Sole Traders/Owners	

Waste Carriers Certificate No	
Company Registration No	
VAT Number	

TRADE REFERENCES (Not to include related companies)	
Company Name	Company Name
Company Address	Company Address
Telephone Number	Telephone Number

BANK DETAILS	
Account Name	Account Number
Bank Address	Sort Code

INFORMATION	
Opening Times	Monday to Friday: 7.00am to 5.00pm Saturday: 7.00am to 12 noon
Terms	Nett Monthly Account VAT Applied at current rate Minimum volume – see price list
Conditions:	<ol style="list-style-type: none"> 1. All personnel leaving their vehicles must wear high viz jackets. 2. All waste tipped must comply with site licence – copy on request. 3. All customers must report to the weighbridge before tipping. 4. Hard Hats and Protective footwear to be worn at all times. 5. Waste Transfer note required for each load.

DECLARATION	
<ul style="list-style-type: none"> ▪ I authorise Allmead Ltd to investigate all trade references relating to the above. ▪ I accept the terms and conditions referred to in this application form. 	
Signed	Print Name
Date	Position