

Rainbow Waste Management Co Ltd

Robian Way, Swadlincote, DE11 9DH Tel: 01283 229808

Tel: 01283 229808 Email: office@rainbowwaste.co.uk

Website: www.rainbowwaste.co.uk

Credit Application Form

| | Office Use A/c No | |
|---|---------------------------------------|--|
| Section A (To be cor | mpleted by ALL applicants) | |
| Full trading title: Frading address: | | |
| Геlephone: Email: | | |
| How many years has | the company been established? | |
| Amount of credit requ | uired: | |
| Section b (To be con | npleted by Limited Companies only) | |
| Full company name: Registered Office Add Company Registration Date Incorporated: | dress: | |
| Section C (To be cor | mpleted by Sole Traders/Partnerships) | |
| (1) Name: Position held: Address: | | |
| Telephone: Email: | | |
| (2) Name: Position held: Address: | | |
| Telephone: Fmail: | | |



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Section D: Purchase Procedures. Please give the name(s) and job title(s) of the person(s) permitted to authorise orders on your behalf:

| Section E: | rade References. Please supply two trade references, to which an ap | proach may be made. |
|-----------------|--|------------------------|
| (1) Nam Addi | | - - |
| Tele Ema | none: | - - - |
| (2) Nam Addı | | - - |
| Tele Ema | none: | - - - |
| | | |
| | g this form, you are agreeing to adhere to Rainbow Waste Ma erms & conditions. | anagement Ltd.'s |
| 2. All invo | es are to be paid 30 days from the date of the invoice. | |
| 3. Claims | rising from invoices must be made within seven working days. | |
| • | tting this application, you authorise Rainbow Waste Managem into the business/trade references that you have supplied. | ent Ltd to make |
| Signed: | | |
| Print: | | |
| Position he | d: | |
| Date signe | [Date] | |

Please enclose a copy of your letterhead with this application.