



APPLICATION FOR CREDIT ACCOUNT

Titan Waste Solutions Ltd

CUSTOMER DETAILS	
Company name:	
Address:	
Address:	
Postcode:	
Type of company:	<input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership
Registration number:	
Registered Office Address (if different from above)	
Telephone:	
Fax:	
Email:	
Purchasing contact:	
Accounts contact:	

TRADE REFERENCES	
Company 1:	
Contact name:	
Address:	
Postcode:	
Telephone:	

Email:	
Company 2:	
Contact name:	
Address:	
Postcode:	
Telephone:	
Email:	

BANK DETAILS	
Bank name:	
Branch:	
Account number:	
Sort code:	

I hereby authorise Titan Waste Solutions Ltd to obtain references from the above, as and when appropriate. I agree to abide by the Terms and Conditions as set out by Titan Waste Solutions Ltd which include that all invoices are due to be paid within 24 hours or receiving your statement, and that a Purchase Order must be given for services rendered.

Signed:	
Printed name:	
Position:	
Date:	

Please email completed document to accounts@titanwastesolutions.co.uk