

CREDIT APPLICATION FORM



**Please Complete and fax back to 0870 142 3503
or email: creditcontrol@innovationwaste.co.uk**

124 Liverpool Film Studios, 105 Boundary Street, Liverpool, L5 9YJ.
**Company registration No: 5584573, Company VAT No: 874 2020 41
Tel: 0870 142 3502, Fax: 0870 142 3503**

HSBC Bank, 31 The Pyramids, Grange Road, Birkenhead, Merseyside, CH41 2ZL
Sort Code: 40-10-22 Account No: 92093529

Company Name: _____

Accounts Dept. contact name: _____

Invoice address: _____

_____ **Postcode:** _____

Phone: _____ **Fax:** _____

Invoice Email: _____
(For environmental purposes IWM prefer to send invoices by email)

Co. registration no: _____ **How long have you trading:** _____

SIC (Standard Industry Classification) No. _____

Bank Name: _____ **Account #:** _____ **Sort Code:** _____

Address: _____ **Postcode:** _____

Trade References

Firm name: _____ **Phone:** _____ **Fax:** _____

Contact: _____ **Address:** _____

Firm name: _____ **Phone:** _____ **Fax:** _____

Contact: _____ **Address:** _____

Firm name: _____ **Phone:** _____ **Fax:** _____

Contact: _____ **Address:** _____

The undersigned hereby agrees that should a credit account be opened: and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. The undersigned also agrees to pay as per IWM standard terms, which is 30 days after the date of invoice, i.e. 30 days nett of invoice date.

Company: _____ **Date:** _____

Signature: _____ **Title:** _____

Please print your name: _____

IWM OFFICE USE ONLY			
SCORE _____	£ _____	CREDIT LIMIT	£ _____
CREDIT TERMS:	STANDARD <input type="checkbox"/>	+ _____ DAYS	EOMF + _____ DAYS <input type="checkbox"/>
	OTHER <input type="checkbox"/>	_____	
DATE: _____	SIGNATURE: _____		