



Supplier/Customer Account Details

Please tick appropriate box: Company Partnership Sole Trader

Company Name: _____

Trading Name (if different) _____

Company Address: _____

Postcode: _____

Tel No: _____

Email: _____

Contact Name: _____

Vat Registration No: _____

SIC Code: _____

Waste Management Licence No: _____

Waste Carriers Licence No: _____

Issuing Authority Area: _____

Company Registration No: _____

Registered Address (if different): _____

Post Code: _____

Invoice Address (if different): _____

Post Code: _____

Tel No: _____ Fax No: _____

Email: _____ Contact Name: _____

Delivery Address (if different): _____

Post Code: _____

Tel No: _____ Fax No: _____

Email: _____ Contact Name: _____



DECLARATION

In order to complete your application, please complete the following declaration .

I,.....(Print Full Name) confirm that I am duly authorised by.....(Print Company Name) to acknowledge and accept the Terms and Conditions of the business as stated, and I confirm that the above details are correct and agreed.

Signature: _____
Date: _____
Position: _____

Please complete and return this form to the following (retaining a copy for your own records):

Account Department

Redpath Recycling Ltd
Unit B
Industrial Estate
Station Road
Duns
Berwickshire
TD11 3HS

Redpath Recycling Bank Details

Available on request

Or Email to: alan@redpathrecycling.co.uk

Tel: 01361 882926

Mob: 07800785858

VAT Reg No: 199170764

Company Reg No: 8460296

SIC Code: 24410

Waste Carriers Licence: WCR/R/1137305

FOR OFFICE USE ONLY

Application Complete Account No. Allocated

Nominal Codes:

Account Type Purchase Sale Haulage

Credit terms Company Letterhead

Signed by Authorised Personal: _____

