

# Titan Waste Solutions Ltd Credit Account Application



<b>Business / Trading Name</b> _____
<b>Business Type:</b> Plc        Ltd        Partnership        Sole Trader

<b>Details of People Authorised to Place Orders:</b> Name: _____ Position: _____ Name: _____ Position: _____	<b>Business Address:</b> _____ _____ _____ Post Code _____	Main Tel No: _____  Accounts Tel: _____
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Are any of the directors, owners or partners in this business an un-discharged bankrupt? Yes/No \_\_\_\_\_

Have any of the directors, owners or partners held any other credit accounts with us? Yes/No \_\_\_\_\_

If so, please provide account name(s): \_\_\_\_\_

<b>Ltd / Plc Companies Only:</b> Company Registration No: _____    Date of Incorporation: _____
Directors Name: _____    Home Address: _____ _____    Post Code: _____
Directors Name: _____    Home Address: _____ _____    Post Code: _____
Directors Name: _____    Home Address: _____ _____    Post Code: _____

<b>Sole Traders / Partnerships Only</b>
Proprietor / Partner: _____    Home Address: _____ _____    Post Code: _____    DOB: _____
Proprietor / Partner: _____    Home Address: _____ _____    Post Code: _____    DOB: _____
Proprietor / Partner: _____    Home Address: _____ _____    Post Code: _____    DOB: _____

<b>Name of People Authorised To Make Payment &amp; Co Bank Details:</b>
Name: _____
Direct No: _____
Email: _____
Name: _____
Direct No: _____
Email: _____
Bank Name: _____
Sort Code: _____    Branch: _____
Acc No: _____

<b>Trade Reference Name :</b> _____
Address: _____ _____    Current Credit Limit: _____
<b>Trade Reference Name:</b> _____
Address: _____ _____    Current Credit Limit: _____

In processing your application for credit facilities we make enquiries of credit reference agencies and other third parties who may record those enquiries. We may also disclose information about the conduct of your account to credit reference agencies and other third parties. The information obtained from or provided to credit reference agencies or other third parties may be used when assessing further applications for credit terms, for debt collection, for tracing and for fraud prevention. I, the undersigned hereby confirm that if credit facilities are approved the account will be paid as per your normal monthly terms.

**Must be signed by a director, partner or proprietor of the business**

Signed: ..... Print Name: ..... Date: .....

Please return completed forms to:  
[info@titanwastesolutions.co.uk](mailto:info@titanwastesolutions.co.uk)

Annex of shed A, Box Lane, Barking, Essex,  
IG11 0SG