



# L & S Waste Management Ltd

## Account Application Form



Company Details	
Full Company Name:	_____
Owners Names if Non Ltd Account	_____
Address:	_____
	Postcode: _____
Number of years trading on these premises:	_____
Number of years trading under this name:	_____
Annual Turnover:	_____
VAT Registration No:	_____ SIC Code _____
If you are a Limited Company	
Company Registration No:	_____
Registered Office Address:	_____
	Postcode: _____

Contact Details	
Primary Contact:	Accounts Contact:
Name: _____	Name: _____
Position: _____	Position: _____
Telephone Number: _____	Telephone Number: _____
Mobile Number: _____	Mobile Number: _____
Fax Number: _____	Fax Number: _____
e-mail: - _____	e-mail: - _____
Address to send invoices and statements to: _____	
	Postcode: _____

Account Details	
The account will primarily be used for (please tick):	
Skip Hire: <input type="checkbox"/>	Waste Disposal: <input type="checkbox"/> Aggregates: <input type="checkbox"/>
RMC: <input type="checkbox"/>	
Monthly credit limit required:	_____
If you have any special instructions relating to your account, such as the need for <u>purchase order numbers</u> or authorised personnel, please specify them here: _____	
_____	
_____	

### Account Terms and Conditions

Accounts with no activity will automatically be deleted after 6 months.  
Payment is due within 30 days end of month.  
Statements will be sent out within a few working days of each month end.  
Overdue accounts will automatically be placed on STOP.  
Persistent late payers will have their credit facilities withdrawn.  
We reserve the right to charge interest at 8% plus the Nat West Bank's Prevailing Base Rate until full payment has been cleared through our bank account.

I, the undersigned, have read and understood the above Terms and Conditions and will comply.

Signed: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_\_

### Trade References

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Fax number: \_\_\_\_\_

### Please return by post to:

L & S Waste Management Ltd  
Pegham Industrial Park  
Laveys Lane  
Fareham  
Hampshire  
PO15 6SD

**Or by fax to: 01329 840 004 Accounts Department**

**Or by email to: [creditcontrol@lswaste.co.uk](mailto:creditcontrol@lswaste.co.uk)**