



McCARTHY MARLAND (Recycling) LTD - CREDIT ACCOUNT APPLICATION FORM

YOUR BUSINESS DETAILS (If you are a sole trader, please supply proof of your address such as a copy of your Driving Licence or a current utility bill not more than 3 months old)

Company type (please tick) Limited company [] Partnership [] Sole trader [] LLP []
Company name Company registration number
Contact name Tel number
Email address Mobile number
Payment contact name Tel number
Email address
Company address Postcode

Have any of the Directors / Partners or Sole Trader been subject of bankruptcy or IVA or had any CCJs registered against them? YES / NO
If a Director, have you been involved in a business which went into liquidation / receivership / administration or CVA? YES / NO

Date established (MM/YYYY) Financial year end (DD/MM)
Payment method (please tick) BACS [] Cheque [] Cash [] Credit card []
Will official orders be mandatory? YES / NO Do you wish to receive statements by email? YES / NO
If yes, please provide email address

Signature
Date
Print name

For any Personal Credit Guarantee
(1) Any credit limit on a credit account being the initial credit limit which would be subject to increase; and
(2) If the credit amount is increased, it will be covered by the Personal Guarantee and notice of the increase to the customer is deemed to be notice to the Personal Guarantor and if the customer uses the increased credit limit, then this is deemed consent by the Personal Guarantor to the increase in credit limit.

PLEASE READ AND COMPLETE ALL SECTIONS OF THE APPLICATION FORM BEFORE SIGNING THE SECTION BELOW

I/We make this application to open a credit account with McCarthy Marland (Bristol). I/We understand that credit terms are that payment is due promptly within 30 days from the date of invoice and that if granted credit, I/We agree to pay in accordance with these terms. I/We acknowledge and accept the McCarthy Marland (Bristol) Terms and Conditions.

Initial credit limit required £ Signature
Date (DD/MM/YYYY) Print name

YOUR BANK DETAILS

Bank name
Address
Account number (8 digits) Sort code (xx-xx-xx).....

TRADE REFERENCES

REFERENCE 1 Company name
Contact name Tel number
REFERENCE 2 Company name
Contact name Tel number

PLEASE ENCLOSE SAMPLE LETTERHEAD AND RETURN TO THE FOLLOWING ADDRESS:
McCARTHY MARLAND (Recycling) LTD, ALBERT QUAY, ALBERT ROAD, ST PHILIPS, BRISTOL BS2 0XS
TELEPHONE 0117 941 2555 EMAIL accounts@mccarthymarland.co.uk WEBSITE www.mccarthymarland.co.uk
COMPANY REG 4291229 VAT REG 135 6058 19