

CALDER VALLEY SKIP HIRE LIMITED

Belmont Recycling & Waste Management Centre

Rochdale Road  
Sowerby Bridge  
Halifax  
HX6 3LL

Tel: 01422 833 333  
Fax: 01422 835 486



## ACCOUNT APPLICATION FORM

FULL NAME/TRADING TITLE:

INVOICE ADDRESS:

POST CODE

TEL. NO:

FAX NO:

E-MAIL ADDRESS:

TYPE OF BUSINESS: LTD CO/PARTNERSHIP/SOLE TRADER/SUBSIDIARY

NATURE OF BUSINESS:

SIC CODE:

NO. OF YEARS ESTD:

CO. REG. NO:

REG'D OFFICE ADDRESS IF DIFFERENT FROM ABOVE:

POST CODE:

NAME(S) OF DIRECTORS/PARTNERS:

NAME OF MAIN CONTACT IN BUYING DEPT:

NAME OF MAIN CONTACT IN ACCOUNTS DEPT:

PLEASE STATE IF OFFICIAL ORDER OR JOB REFERENCE IS REQUIRED: YES/NO

TRADE REFERENCE 1

NAME  
ADDRESS

TRADE REFERENCE 2

NAME  
ADDRESS

TEL. NO.  
FAX. NO.

TEL. NO.  
FAX. NO.

DECLARATION

I DECLARE THE ABOVE INFORMATION TO BE TRUE AND AGREE TO YOUR STANDARD TERMS AND CONDITIONS.

SIGNED:

PRINT NAME:

POSITION:

**PLEASE ATTACH A LETTERHEAD OR COMPLIMENT SLIP**