

tankered domestic waste

credit application form for first time applicants
or following business mergers or acquisitions

Name: _____ **Contact Name:** _____

Address: _____ **Tel No:** _____

_____ **Ext:** _____

_____ **Postcode:** _____ **Fax No:** _____

Company Reg. No: _____ **E-mail:** _____

Address for invoices/statements if different to above:

_____ **Name of payment contact:** _____

_____ **Tel No. & extension:** _____

_____ **Postcode:** _____ **Fax No:** _____

How long has your business been established: (Please attach a copy of your company letter heading)

trade references

1. Name: _____

Address: _____

_____ **Postcode:** _____

Tel No: _____ **Fax No:** _____

2. Name: _____

Address: _____

_____ **Postcode:** _____

Tel No: _____ **Fax No:** _____

Estimated annual turnover with STW: £ _____

I/we give my/our consent to a credit search being made on me/us as owner/partner(s) or director(s) of this organisation both now and at any future date. I understand this search will be recorded by the agency and may be disclosed to subsequent enquirers.

Please return the original completed application to:

Name: _____

Position: _____

Date: _____

Signature: _____

Tankered Domestic Waste Department
Severn Trent Water Ltd
Sewage Treatment
Fillingate, Wanlip,
Leicestershire LE7 4PF

Tel: 0116 267 0130
Fax: 0116 267 0111