

Tankered Domestic Waste

Initial enquiry form

Domestic / Trade / Domestic & Trade (please delete as appropriate)

(If more than one invoice address is required, please complete an application form for each address)

Company Name: _____ **Company Registration Number:** _____

Address: _____

_____ **Post Code:** _____

Waste Carrier Licence No: _____
(Please attached a copy to application)

Waste Licence Expiry Date: _____

Contact Details:

Day to day

Name: _____

Tel No.: _____

Email: _____

Fax No.: _____

Emergency

Name: _____

Tel No.: _____

Email: _____

Fax No.: _____

First application (tick if applicable)

(If so, please complete a credit account application form)

Tanker Fleet Details:

1st vehicle registration No.: _____

Capacity (Cubic Meters): _____

1st vehicle registration No.: _____

Capacity (Cubic Meters): _____

1st vehicle registration No.: _____

Capacity (Cubic Meters): _____

(Continue on a separate sheet if required)

Signed: _____

Role: _____

Name: _____

Date: _____

Please return the original completed application to:

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

Tel: 0345 608 0107

Fax: 0116 2670111

For more info on what we can do for you or
to make a booking call **0345 608 0107** or
email **tankeredwaste@severntrent.co.uk**

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