



## NEW CUSTOMER ACCOUNT REQUEST FORM

<b>Company Name (&amp; Trading Name)</b>		
Address		
Telephone No.		Fax No.
Contact name:	Signature:	Position:
<b>Bank Name</b>		
Address		
Account Number		Sort Code
<b>Trade References 1.</b>		
Name		
Address		
Telephone No.		
<b>Trade Reference 2.</b>		
Name		
Address		
Telephone No.		
Credit Limited Requested	£	

Perrys Recycling authorised person acceptance.	
Signature	
Date.	

This document confirms your acceptance of our Terms & Conditions printed overleaf, for providing the recycling, waste management & security shredding service to your company.

