

# Credit Account Application



## Company Details (A)

Details of business applying for credit - Referred to in the remainder of this form as the Applicant Company

Business Type	Limited Company / Partnership / Sole Trader	Vat Number:	_____
Company Name:	_____		
Trading Address	_____ _____		
Contact Name:	_____	Telephone:	_____
		Email:	_____

## Accounts Dept Details (B)

(If different from above)

Address	_____ _____		
Contact Name:	_____	Telephone:	_____
		Email:	_____

Amount of credit applied for	£ _____	per month	Company Number:	_____
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## Credit Guarantee (C)

To be completed by the Owner(s) / Director(s) of the Applicant Company for credit and who will provide a personal guarantee.

In consideration of you agreeing to provide goods and / or services to the Applicant Company detailed in (A) above under a credit agreement I / We the undersigned, being the Owner(s) / Director(s) of the Applicant company jointly and severally guarantee payment of all financial obligations of the Applicant Company to Skip Express Ltd T/A Skipx and / or its subsidiaries and successors, including financial obligations arising from any increase in the credit limit granted from Skip Express Ltd T/A Skipx and / or its subsidiaries or successors to the Applicant Company following review of the Applicant Company's account.

Signature	1 _____	2 _____	3 _____
Date:	1 _____	2 _____	3 _____
Print Name:	1 _____	2 _____	3 _____

Witnessed By: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_



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