

H WICKS (LINDAL) LTD
ACCOUNT APPLICATION FORM



PLEASE COMPLETE AND E-MAIL TO ray@wicksgroup.co.uk
ACCOMPANIED BY A COMPANY LETTERHEAD

CONTACT NAME: _____

COMPANY NAME (IF APPLICABLE): _____

HEAD OFFICE/POSTAL ADDRESS: _____

POST CODE _____

COMPANY REGISTRATION NO: _____

DATE OF INCORPORATION (IF APPLICABLE): _____

VAT REGISTRATION NO: _____

TEL NO: _____

FAX NO: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

DIRECTORS NAMES (IF APPLICABLE): _____

AVERAGE ANTICIPATED MONTHLY SPEND: £ _____

PLEASE TICK ALL SERVICES OF
INTEREST/REQUIRED:

SKIP HIRE	
CONFIDENTIAL SHREDDING	
WASTE PAPER	
CARDBOARD	
PALLETS	
TIPPING	
CARTONS	
POLYTHENE	

SIGNED: _____

DATE: _____