

APPLICATION FOR CREDIT

FAO	Credit control / June Parrott
то	Hills Waste Solutions Ltd / Hills Quarry Products Ltd Wiltshire House, County Park Business Centre, Shrivenham Road, Swindon SN1 2NR Tel: 01793 781160 Fax: 01793 781201 Email: credit.control@hills-group.co.uk
FROM	
DATE:	
SUBJECT	Application for Credit

Please complete <u>in full</u> and return the enclosed <u>application</u> and <u>consent</u> forms to the above address. The following details should be noted:

- 1. The original signed forms and direct debit mandate <u>must</u> be returned by post. (If the application is urgent you may <u>also</u> send a copy on fax number 01793 781201 or by email credit.control@hills-group.co.uk, to allow the credit vetting procedure to commence.)
- 2. Please enclose a sample of your company headed paper.

Incomplete forms may delay the processing of your credit application.

Regards

Credit management

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Wiltshire House, County Park Business Centre, Shrivenham Road, Swindon SN1 2NR Tel: 01793 781160 Fax: 01793 781201 www.hills-group.co.uk



CREDIT APPLICATION FORM

Please complete in **BLACK CAPITALS** and return to the address above. A copy of your **company headed paper** must be enclosed.

Full trading title/name:	Company Registration Number:
Invoice address including postcode:	Statement address, including postcode (if different)
Accounts contact details:	Registered office address
Phone:	
Email:	
Fax:	Standard Industry Classification (SIC) Code 2007:
Mobile:	
Sole Trader/Partnership. Full name(s), address(es) an	d date of birth*(mandatory) of principal individuals/partners.
Title:	Title:
Surname:	Surname:
Forenames:	Forenames:
* Date of birth:	* Date of birth:
Residential address including postcode:	Residential address including postcode:
Hills Sales Representative:	Credit limit required:
Required services (please tick)	
Hills Waste Solution Ltd	Hills Quarry Products Ltd
Waste (skips)	Aggregates
Recycling	Concrete
Landfill	Haulage
policy. By signing this agreement you confirm the	end or withdraw facilities subject to status and / or company hat you are authorised to bind the account holder to this application is accurate. Full conditions of business are
TO BE SIGNED BY THE APPLICANT IN ACCEPTA	NCE OF OUR PAYMENT TERMS
Signed:	Date:
Print full name:	Position:

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PLEASE COMPLETE THE ATTACHED CONSENT FORM.

*all details mandatory

CONSENT FORM

TRADE REFERENCES (Not to include personal friends or relatives)

Name:	Name:						
Address including postcode:	Address including postcode:						
Tel no:	Tel no:						
Email/fax:	Email/Fax:						
Dear Sirs							
CONSENT TO GIVE REFERENCES							
I/we give permission to take up references at any time to access personal data from whatever source you require in order to expedite the review of a credit facility with Hills Waste Solutions Ltd/Hills Quarry Products Ltd. (We will make searches with a credit reference agency, which will keep a record of those searches and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency).							
A copy of the Hills Group privacy statement is available on request or can be downloaded at www.hills-group.co.uk website.							
Signed: Date: (Sole Trader/Partner/Director)							
Print full name:	Position:						
Signed: (Sole Trader/Partner/Director)	Date:						
Print full name:	Position:						

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Please fill in the whole form including official use box using a ball point pen and send it to:

HILLS WASTE SOLUTIONS LTD

Wiltshire House County Park Business Centre Shrivenham Road Swindon SN1 2NR

ivaine(S) of acc	ount	hol	der(s)										
Bank/bu	uilding s	ocie	ty a	ссо	unt	nun	ber							_	
Branch	sort co	de										<u> </u>		ı	
Name a		osta	ıl ad	dre	ss o	f yo	ur b	ank	or k	uild					
To: The I	Manager										Bar	ık/bu	ilding	j soci	ety
Address															
								Post	tcode	•					
								Post	tcode)					
Referen	ce							Post	code	•					

Instruction to your bank or building society to pay by Direct Debit

Service user number

6	9	6	2	2	1		
						•	
						CIAL USE ONLY or building society.	
Instruction to your bank or building society Please pay HILLS WASTE SOLUTIONS LTD Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with HILLS WASTE SOLUTIONS LTD and, if so, details will be passed electronically to my bank/building society.							
Signatur	e(s)						
Date							

This guarantee should be detached and retained by the payer.

Banks and building societies may not accept Direct Debit Instructions for some types of account

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit HILLS WASTE SOLUTIONS LTD will notify you
 10 working days in advance of your account being debited or as otherwise agreed. If you request HILLS WASTE SOLUTIONS
 LTD to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by HILLS WASTE SOLUTIONS LTD or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when HILLS WASTE SOLUTIONS LTD asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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