

# ASBESTOS TRANSFER SERVICES LTD



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**ASBESTOS**  
 - TRANSFER SERVICES -

## New customer credit account application form

Company Name	
Address	
Address	
Postcode	
Directors/Owner	

Invoicing Address	
Address	
Address	
Postcode	
Accounts Telephone	
Contact Name	
Email	

Type of Business	Limited	Sole trader	Partnership
Company reg number		VAT reg number	
How long have you been trading		Estimated credit required	

### References:(please supply two trade supplier references)

Name		Name	
Address		Address	
Address		Address	
Email		Email	
Telephone		Telephone	

**OUR TERMS OF PAYMENT ARE 14 DAYS FROM INVOICE DATE.**

**I wish to open an account and abide by ATS terms**

**SIGNATURE..... POSITION.....**

**PRINT NAME..... DATE.....**