



01268 527773

Please return the completed form to accounts@tlmmanagement.co.uk. Alternatively you can post it to TLM House, Hovefields Avenue, Basildon, Essex SS13 1EB. Once we have received your form and opened your account, we will be in contact to advise you of delivery dates, and emptying days where applicable. Should you require any help completing your form, or wish to check on its progress, please contact us on 01268 527773 option 4.

PLEASE COMPLETE IN BLOCK CAPITALS

MAIN CUSTOMER DETAILS

| | | | |
|----------------|-------|--------------|-------|
| Company Name | _____ | Trading Name | _____ |
| Address | _____ | | |
| | _____ | | |
| | _____ | Postcode | _____ |
| Contact Number | _____ | Email | _____ |
| Company Reg. | _____ | VAT Reg. | _____ |
| Directors Name | _____ | SIC Code | _____ |

Please let us know how you heard about us by putting a tick in the applicable box below:

| | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Magazine/Flyer | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Customer recommendation | <input type="checkbox"/> Returning customer | <input type="checkbox"/> Referral | <input type="checkbox"/> Other |

INVOICE DETAILS (IF DIFFERENT FROM ABOVE)

| | | | |
|--------------------|-------|-------------|-------|
| Invoicing Address | _____ | | |
| | _____ | | |
| | _____ | Postcode | _____ |
| A/c's Contact Name | _____ | A/c's Email | _____ |
| A/c's Contact No. | _____ | | |

Payment strictly 30 days nett – any queries need to be raised within 14 days of invoice date.

- All Payments by Direct Debit only unless otherwise agreed with a Director of TLM
- **Bank Transfer to: Lloyds Bank. Account number: 16163260 Sort Code 30-80-12**
- All prices quoted are subject to VAT

Please note that in the event of any non-payment of any outstanding invoices and after a qualifying period of 45 days from invoice date your account will be placed on stop and an additional rental per bin per week will be added to your account for every week that the account remains outstanding.



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SITE SERVICE DETAILS (IF DIFFERENT FROM INVOICING DETAILS)

If you have more than one site, then please request additional pages or photocopy and complete the site service details on page two of the application form as many times as applicable.

Site Name _____ Site Contact _____

Site Address _____

_____ Postcode _____

Site Contact No. _____ Site Email _____

| Container Type E.g. Skip, Front End Loader, Trade waste container etc. | Container Size E.g. 8 yard, 35 yard, 1100 litre etc. | Waste Stream E.g. General Waste, Glass, etc. | Container Quantity | Emptying Frequency E.g. weekly, fortnightly | Price Quoted | Start Date |
|---|---|---|--------------------|--|--------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please ensure your containers are accessible when we arrive. Should your container not be accessible, a wasted journey will be applied. Wasted journey charges vary dependant upon container type —please speak to our staff for more information.

Our trade waste work all bank holidays other than Christmas Days and New Years Day. Should you not require an empty, please contact via email at transport@tlmmanagement.co.uk to avoid any changes.

I, the undersigned have read and understood and completed the above account form and by signing this form understand

Name _____

Signed _____

Dated _____

| | |
|---|--|
| TLM Management Only—to be completed by the person opening the account. | |
| Name _____ | Duty of Care invoice raised <input type="checkbox"/> |
| Signed _____ | Welcome letter sent <input type="checkbox"/> |
| Credit limit _____ | Containers booked on <input type="checkbox"/> |
| Terms _____ | Date Opened _____ |
| Account No _____ | |