



ACCOUNT APPLICATION FORM

To apply for a credit account with Maxi Waste, please print the form below, Fill in the details and fax back to Maxi Waste on the number below:

Fax: 0116 275 2165

Full name*

Trading address*

Telephone number*

Fax number

Description of business

Number of years established

FOR LIMITED COMPANIES

Company registration number

VAT registration number

Address of registered office

FOR NON LIMITED COMPANIES

Full name(s) of proprietors

Full private address(es) of proprietors

Amount of credit required
(our terms are strictly 30 days)

Signature*

*required field