

## APPLICATION FOR CREDIT

<b>FAO</b>	<b>Credit control / June Parrott</b>
<b>TO</b>	<b>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</b>
<b>FROM</b>	
<b>DATE:</b>	
<b>SUBJECT</b>	<b>Application for Credit</b>

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

1. The original signed forms and direct debit mandate must be returned by post. (If the application is urgent you may also 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



**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: Phone: Email: Fax: Mobile:	Registered office address	
	Standard Industry Classification (SIC) Code 2007:	

**Sole Trader/Partnership. Full name(s), address(es) and 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	
<input type="checkbox"/>	Waste (skips)
<input type="checkbox"/>	Recycling
<input type="checkbox"/>	Landfill

Hills Quarry Products Ltd	
<input type="checkbox"/>	Aggregates
<input type="checkbox"/>	Concrete
<input type="checkbox"/>	Haulage

**We reserve the right to decline applications, amend or withdraw facilities subject to status and / or company policy. By signing this agreement you confirm that you are authorised to bind the account holder to this agreement and that the information given on this application is accurate. Full conditions of business are available on request.**

TO BE SIGNED BY THE APPLICANT IN ACCEPTANCE OF OUR PAYMENT TERMS	
Signed:	Date:
Print full name:	Position:



PLEASE COMPLETE THE ATTACHED CONSENT FORM.

\*all details mandatory

### CONSENT FORM

TRADE REFERENCES (Not to include personal friends or relatives)

Name:
Address including postcode:
Tel no:
Email/fax:

Name:
Address including postcode:
Tel no:
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](http://www.hills-group.co.uk) website.

Signed: (Sole Trader/Partner/Director)	Date:
Print full name:	Position:

Signed: (Sole Trader/Partner/Director)	Date:
Print full name:	Position:



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

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

**HILLS QUARRY PRODUCTS LTD**  
Wiltshire House  
County Park Business Centre  
Shrivenham Road  
Swindon  
SN1 2NR

Service user number

**2 8 4 3 8 1**

Name(s) of account holder(s)

[Empty box for account holder name]

Bank/building society account number

[Empty box for account number]

Branch sort code

[Empty box for branch sort code]

Name and full postal address of your bank or building society

To: The Manager Bank/building society  
Address  
  
  
Postcode

**Instruction to your bank or building society**

Please pay HILLS QUARRY PRODUCTS 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 QUARRY PRODUCTS LTD and, if so, details will be passed electronically to my bank/building society.

Signature(s)  
  
Date

Reference

[Empty box for reference number with 'A' in the 12th cell]

FOR HILLS QUARRY PRODUCTS LTD OFFICIAL USE ONLY  
This is not part of the instruction to your bank or building society.

DD11

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

This guarantee should be detached and retained by the payer.

## 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 QUARRY PRODUCTS LTD will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request HILLS QUARRY PRODUCTS 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 QUARRY PRODUCTS 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 QUARRY PRODUCTS 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.