



Ramsey Town Commissioners

COMMERCIAL REFUSE SERVICE ACCOUNT FORM

**THE APPLICANT IS THE PERSON, OFFICIAL, BODY OR AUTHORITY
ACCEPTING FULL RESPONSIBILITY FOR PAYMENT.**

**NAMES AND ADDRESSES OF ALL PERSONS INVOLVED IN THE BUSINESS
AS PARTNERS OR SOLE PROPRIETORS MUST BE PROVIDED TOGETHER
WITH THE ADDRESS OF THE REGISTERED OFFICE.**

Trading name (Applicant)	
Type of company (please tick)	<input type="checkbox"/> Private Ltd Company <input type="checkbox"/> Public Ltd Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership
Type of business (please indicate which category best identifies your business)	<input type="checkbox"/> Cash & Carry <input type="checkbox"/> Catering <input type="checkbox"/> Distributor <input type="checkbox"/> Hotel <input type="checkbox"/> Manufacturing <input type="checkbox"/> Restaurant <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler
ADDRESS DETAILS	
Head Office Address (home address for sole proprietor or partnerships)	
Post code	
Telephone	Email
Trading Address	<input type="checkbox"/> Tick if same as Head Office
Address	
Post code	
Telephone	
Contact Name	

<u>Invoice address</u>	
Post code	
Telephone	
Please state your Limited Company Name if different from your trading name	
Registered Company Address	
Post code	
Telephone	
Company registration no	VAT no
How will you pay?	Cash/Cheque
<p>I/We hereby request that a commercial refuse account be opened/continued with Ramsey Town Commissioners.</p> <p>We have read and agree to abide by the Commissioners terms and conditions of service which provides that all accounts must be paid within 28 days from date of invoice.</p>	
Authorised by	
Full name of applicant or applicants in the case of a Partnership	
Date (dd/mm/yyyy)	
For and on behalf of (name)	
Position held	