

# Commercial Refuse Collection Service



Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Bins required:

Bin Capacity (litres)	Quantity required
1100	
660	
360	
240	

How would you like to receive your invoices?

By Post: Y / N - Please confirm postal address if different to the one above

Postal address for invoices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By Email: Y / N - Please confirm email address if different to the one above

Email address for invoices: \_\_\_\_\_

Preferred method of payment

Cheque	
Bank Transfer	
DD*	

\*You will be sent a direct debit form