**Customer Application Form – Trade Waste 2019/20**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please complete this form and return to the address overleaf. Collections cannot begin until all the correct information has been received. By signing and returning this form you agree to Redcar and Cleveland Councils Terms and Conditions which are available on the Redcar & Cleveland Borough Council Website. | | | | | | | | | | | | | |
| **Customer Details** | | | | | | | | | | | | | |
| Surname | | |  | | | | | | | | | | |
| Forename(s) | | |  | | | | | | | | | | |
| Business Trading Name | | |  | | | | | | | | | | |
| Main Contact Name | | |  | | | | | | | | | | |
| Collection Address | | |  | | | | Billing/Home Address | | | |  | | |
| Postcode | | |  | | | | Postcode | | | |  | | |
| Telephone Number | | |  | | | | | | | | | | |
| Email Address | | |  | | | | | | | | | | |
| Type of Business | | | Limited Company | | | ❑ | | | Partnership | | | | ❑ |
| Sole Trader | | | ❑ | | | Other (please state) | | | | ❑ |
| Church | | | ❑ | | | Residential Home | | | | ❑ |
| Charity | | | ❑ | | | Nursing Home | | | | ❑ |
|  | | | | | | | | | | | | | |
| **Waste Collection Details** | | | | | | | | | | | | | |
| Bin Size  (in Litres) | | Total Number of Bins Required | | | Frequency  (amount of collections per week, fortnightly or monthly) | | | Trade Residual Waste | | | | Recycling | |
| 240 | ❑ |  | | |  | | | ❑ | | | | ❑ | |
| 360 | ❑ |  | | |  | | | ❑ | | | | ❑ | |
| 660 | ❑ |  | | |  | | | ❑ | | | | ❑ | |
| 1100 | ❑ |  | | |  | | | ❑ | | | | ❑ | |
| The customer has a duty of care under the Environmental Protection Act 1990 to provide the nature and composition of the waste to be removed. | | | | | | | | | | | | | |
| Please provide a full description of the waste to be removed | | | |  | | | | | | | | | |
| Any relevant additional information (eg key required for access, preferred day of collection) | | | |  | | | | | | | | | |
| Method of Payment  (eg in full, direct debit) | | | | |  | | | | | | | | |
| Signature | |  | | | | | | Date | |  | | | |
|  | | | | | | | | | | | | | |
| Please Contact [tradewaste@redcar-cleveland.gov.uk](mailto:tradewaste@redcar-cleveland.gov.uk) for a quote | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **For office use only** | | | | | Advance Payment Received |  | Round/Crews Informed |  | | New Customer Created |  | Bin Delivery Request |  | | Added to Master Record |  | Invoice Request |  | | | | | | | | | | | | | | |

Please ensure that all sections of this form are completed before returning. Uncompleted forms may delay collections.

PLEASE RETURN THIS FORM TO:

**Trade Waste Services**

Central Depot

Limerick Road

Dormanstown

TS10 5JU

tradewaste@redcar-cleveland.gov.uk