



greenstar

setting the standard

GREENSTAR ENVIRONMENTAL LTD

CUSTOMER ACCOUNT FORM

After completing this form please send a copy to:

Marie Rutland

marie.rutland@greenstar.co.uk

CUSTOMER ACCOUNT FORM

Greenstar Environmental Recycling Ltd
Bowmans Business Park, Mill Lane, Addlethorpe,
Skegness, Lincolnshire, PE24 4TB

Tel: 01754 760 303 Fax: 01754 760 330

Date Issued:	
Prepared By:	
Serviced By:	Skegness

CUSTOMER COLLECTION ADDRESS – to be completed by Customer

Customer Name:		Site Contact:	
Customer Collection Address:		Telephone Number:	
		Fax Number:	
		Email Address:	

CUSTOMER INVOICING ADDRESS – to be completed by Customer

Invoice Address:		Accounts Contact:	
		Telephone Number:	
		Fax Number:	
		Email Address:	

Registered Office Address:		Company Reg. No.:	
		VAT No.	
		Reg. Charity No.	

CUSTOMER BANK DETAILS – to be completed by Customer

Bank Name:		Account Number:	
Bank Address:		Sort Code:	

CUSTOMERS MATERIAL TO BE PURCHASED BY GREENSTAR – to be completed internally

Material Description	EU Waste Code	Minimum Agreed payload	Collection Charges	Rebate per ton (Min 1 Ton)	Disposal Per Ton

CUSTOMER TO PURCHASE MATERIAL FROM GREENSTAR – to be completed by internally

Material Description	EU Waste Code	Minimum Agreed payload	Collection Charges	Rebate per ton (Min 1 Ton)	Disposal Per Ton

CUSTOMER CAPITAL EQUIPMENT / OTHER SERVICES – to be completed by internally

Equipment: (Make & Model or Stand Trailer supplied)	
Quantity:	
Equipment Location: (specify actual location of equipment)	

Length of Contract – Years:		Start Date:		End Date:	
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All Associated Charges	Full Amount One Off Charge	Annual	Monthly	Weekly
Purchase				
Installation				
Service & Maintenance				
Training				
Removal				

CUSTOMER REFERENCES – to be completed by Customer

Customer Ref (1):		Contact:	
Customer Collection Address:		Telephone Number:	
		Fax Number:	
		Email Address:	

Customer Ref (2):		Contact:	
Customer Collection Address:		Telephone Number:	
		Fax Number:	
		Email Address:	

CREDIT LIMIT REQUIRED – to be completed by Customer

If purchasing materials from Greenstar, please indicate credit limit required:	£
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CUSTOMER AUTHORISATION – to be completed by Customer

Full Name:	
Position:	

FOR INTERNAL USE ONLY

Credit Rating:		Completed By: (Full name)		Date:	
Credit Limit: (Per Month)		Credit Limit Approved By: (Full name)		Date:	
Account Number:		Approved By Financial Controller: (Full name)		Date:	

PLEASE SAVE OR PRINT

EMAIL, FAX OR POST TO:

GREENSTAR
Accounts Department
Third Floor, The Gatehouse,
Gatehouse Way, Aylesbury, HP19 8DB

Tel: 0844 800 1 800
Fax: 01296 461 222
Email: marie.rutland@greenstar.co.uk
Web: www.greenstar.co.uk