

## Supplier/Sub-Contractor Details Form

### Section 1 - General Information

<b>Supplier Name</b>		<b>Company Reg No.</b>	
<b>Address of Registered Office</b>		<b>Tel No.</b>	
		<b>Fax No.</b>	
		<b>Email</b>	
		<b>Website</b>	
<b>Postcode</b>			

<b>Address of Trading Office (If different to above)</b>		<b>Tel No.</b>	
		<b>Website</b>	
		<b>Email</b>	
<b>Postcode</b>			

Contact Details	Name	Telephone	Email
<b>Bookings</b>			
<b>Admin</b>			
<b>Credit Control</b>			
		<b>Remittances</b>	

<b>Type of Company</b>	
<b>No. of Employees</b>	
<b>Primary services supplied</b>	

Locations			
Please tick the locations that you are able to supply			
<b>Nationwide</b>			
<b>North Scotland</b>		<b>North Wales</b>	
<b>South Scotland</b>		<b>South Wales</b>	
<b>Scotland Central Belt</b>		<b>South West England</b>	
<b>North West</b>		<b>South East England</b>	
<b>North East</b>		<b>London (Inside M25)</b>	
<b>West Midlands</b>		<b>East Midlands</b>	

### Section 2 - Financial Information

Please detail your last 3 years turnover	
<b>Year 1</b>	
<b>Year 2</b>	
<b>Year 3</b>	

<b>Is your company paid through a factoring company?</b>	
<b>Please detail any CCJ's your company has incurred:</b>	

Bank Details			
<b>Bank Name</b>		<b>Bank Address</b>	
<b>Account Name</b>			
<b>Sort Code No.</b>			
<b>Bank Account No.</b>			

<b>VAT Registration Number</b>		<b>UTR Number</b>	
<b>SOLE TRADER - Please advise National Insurance Number</b>			

**Please ensure a director signed copy of the bank details on a company letterhead are sent with this application.**

### **Section 3 - Insurances and Compliance**

Insurance Held	Limit	Expiry Date	Attached
Public Liability (Minimum £5,000,000)			
Employers Liability (Minimum £5,000,000)			
Professional Indemnity (Minimum £1,000,000)			
Product Liability (Minimum £5,000,000)			
(Minimum Third party injury – Unlimited)			
Operational Licensing	Number	Expiry Date	Attached
FORS Membership Number and grade			
Waste Licence Number			
Operator Licence Number			

**Please ensure a copy of all insurances and licences are sent with this application.**

### **Section 4 - Health & Safety Information**

No	Question	Yes	No
Q1	Has there been any civil or legal action against you with regard to Health & Safety or related legislation? (If yes, please attach details)		
Q2	Does your company hold any 3rd party accreditations. (e.g. Achilles, Safecontractor. If yes, please attach details)		

### **Section 5 - Haulage Capacity**

Please complete the below information	
Artic	Number of vehicles in fleet and average age
	Number of trailers in fleet and average age
Rigid	Number of vehicles in fleet and average age
Van	Number of vehicles in fleet and average age

### **Section 6 - Declaration**

On behalf of my organisation I certify that all the information supplied is accurate to the best of my knowledge and understanding.

On behalf of my organisation I understand and accept that false information could result in removal from the supplier base.

Strata standard payment terms are 30 days end of month. Early payment facilities available on request.

Completed by	
Name	
Position	
Date	
Signature	