

# Liquid Commercial Waste

## Liquid Domestic Waste

### Initial Enquiry Form

**Domestic / Trade / Domestic & Trade** (please delete as appropriate)  
(If more than one invoice address is required, please complete an application form for each address)

**Company Name:** \_\_\_\_\_ **Company Registration Number:** \_\_\_\_\_

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

**Post Code:** \_\_\_\_\_

**Waste Carrier Licence No:** \_\_\_\_\_  
(Please attached a copy to application)

**Waste Licence Expiry Date:** \_\_\_\_\_

#### Contact Details:

##### Day to day

**Name:** \_\_\_\_\_

**Tel No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_

##### Emergency

**Name:** \_\_\_\_\_

**Tel No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax No.:** \_\_\_\_\_

**First application** (tick if applicable)  
(If so, please complete a credit account application form)

#### Tanker Fleet Details:

**1<sup>st</sup> vehicle registration No.:** \_\_\_\_\_

**Capacity (Cubic Meters):** \_\_\_\_\_

**2<sup>nd</sup> vehicle registration No.:** \_\_\_\_\_

**Capacity (Cubic Meters):** \_\_\_\_\_

**3<sup>rd</sup> vehicle registration No.:** \_\_\_\_\_

**Capacity (Cubic Meters):** \_\_\_\_\_

(Continue on a separate sheet if required)

**Signed:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Please return the original completed application to:

Liquid Commercial Waste Department, Severn Trent Water Limited, Sewage Treatment, Kingsbury Road, Minworth. B76 9DP  
E-Mail: [tankeredwaste@severntrent.co.uk](mailto:tankeredwaste@severntrent.co.uk) Tel: 0345 608 0107

For more info on what we can do for you or to make a booking call  
**0345 608 0107** or email [tankeredwaste@severntrent.co.uk](mailto:tankeredwaste@severntrent.co.uk)