

PAPERCHASERS JOINER FORM

Organisation Name			Tel. No.		
			Fax No.		
			E-mail		
Collection Address (incl. Post Code)					
Website Address				No. staff taking part in Scheme	
Invoice Address & e-mailing address as we usually issue bills electronically.					
	First name	Last name	Direct dial	E-Mail	
Main contact					
Second Contact					
WHAT SORT OF CONTRACT (FOR PAPER RECYCLING) DO YOU REQUIRE ?					
Collection system	Name of scheme	'X' if applies	No. of bins required		
Sack only scheme	Pay As You Go (PAYG)		N/A		
Sack only scheme	Fixed Rate (FR)		N/A		
240 L Wheelie (lease hire) – loose paper	PAYG 240 WBL				
240 L Wheelie (lease hire) – sacks of paper	PAYG 240WBS				
660 L Wheelie (lease hire)	PAYG 660 WB				
1100 L Wheelie (purchase)	PAYG 1100 WB				
How often do you require collections ? (240 L & 660 L wheelie bins must be either weekly or fortnightly)					
Collection Frequency required	WEEKLY	FORTNIGHTLY	EVERY 3 WEEKS	EVERY 4 WEEKS	BY REQUEST
<i>Please tick</i>					
Our usual terms require all collections to be made from one central collection point. In some cases, we will collect from multiple locations, but this will incur additional costs.					
Will your collections be made from one central collection point ? (Please delete)			YES	NO	
If you answered 'NO', please complete the following section :					
We require collection from multiple pick-up points. (Please indicate the number of pick-up sites you want us to collect from on any one site)					
We require our indoor static communal bins to be individually emptied by Paperchasers (Please indicate the no. of bins you need servicing)					
Do you require any other Additional Services ? (Please delete as appropriate)					
Printer cartridges / mobile 'phones	YES	NO	Household batteries	YES	NO
Toner bottles, tubes, tanks, ribbons etc	YES	NO	Mixed WEEE	YES	NO
Cardboard	YES	NO	Confidential shredding	YES	NO
Mixed 'One Sack' recycling	YES	NO	Recycling reports	YES	NO
Preferred Start Date (Please state month only if you can not confirm exact week) :					

Please send your completed Joiner Form to Paperchasers by fax : 0845 6344170; e-mail : sales@paperchasers.biz or post to PO Box 5643, Lichfield WS14 4FX. A contract will be prepared & sent to your Main Contact.

For Office Use :
CRM :

Date IN :
QB :

Trial Start / End Date :
A/C no :