

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 DO YOU REQUIRE <i>(Please delete)</i>: PAY AS YOU GO FIXED CONTRACT					
How often do you require collections ? <i>(This will depend on your storage capacity)</i>					
Collection Frequency required	WEEKLY	2 WEEKLY	3 WEEKLY	4 WEEKLY	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 ? <i>(Please delete)</i>			YES	NO	
If you answered 'NO', please complete the following section :					
We require collection from multiple pick-up points. <i>(Please indicate the number of pick-up sites you want us to collect from on any one site)</i>					
We require our indoor communal bins to be individually emptied by Paperchasers <i>(Please indicate the no. of bins you need servicing)</i>					
Do you require any other Additional Services ? <i>(Please delete as appropriate)</i>					
Printer cartridges & mobile phones	YES	NO	Drinks cans	YES	NO
Alkaline household batteries	YES	NO	Cardboard	YES	NO
Confidential paper shredding	YES	NO	Recycling reports	YES	NO
Preferred Start Date <i>(Please state month only if you can not confirm exact week)</i>:					

Please send your completed Joiner Form to Paperchasers by fax : 0845 6344170; e-mail : sales@paperchasers.biz or post : PO Box 13710 Birmingham B25 9DG. A contract will be prepared & sent to your Main Contact.

For Office Use :
CRM :

Date IN :
QB :

Trial Start / End Date :
A/C no :