

NEW SUPPLIER  
APPROVAL FORM



**Company Details**

Full Company Name			
Address 1			
Address 2			
City / Town			
Postcode			
No of Years Trading			
Company Registration No		VAT No	
Do you have Audited Accounts available for the last 3 years? YES / NO			
Do you have any Quality Accreditation(s), if so please specify			

**Copy Documents required (please confirm you have returned the appropriate documents with this form)**

Operators Licence		Goods In Transit Insurance	
Waste Carriers Licence		Public Liability Insurance	

**Bank Details**

Bank Name		Branch Name	
Sort Code		Account Number	
International codes (if required)	Would you like to be paid by BACS? Yes / No		

**Accounts Contact(s)**

Name		Name	
Position		Position	
Tel No		Tel No	
Fax No		Fax No	
Email address		Email address	

**Operations Contact(s)**

Name		Name	
Position		Position	
Tel No		Tel No	
Fax No		Fax No	
Email address		Email address	

**Management Team Contact(s)**

Name		Name	
Position		Position	
Tel No		Tel No	
Fax No		Fax No	
Email address		Email address	

**Fleet Details**

No of Tractor Units		Type	
No of Trailers		Type	
What security systems are fitted to the vehicles?			
Would you be willing to have your vehicles liveried with our logo? Yes / No			
Are your vehicles GPS enabled? Yes / No			
Do all your vehicles have fitted hands free communication (ie mobiles)			
Are all the vehicles compliant with all insurance and legal requirements ? Yes /No			

**Warehousing**

Do you offer any warehousing/storage services? Yes / No
If Yes, please provide location(s)
What is the Sq Ft capacity and height of your warehouse?
What products can you store?

**Staff**

How many drivers do you employ?		How many of the drivers are ADR/Hazchem trained?	
How many office staff do you employ?		What are your normal working office hours?	
Do you conduct security checks on your drivers?	Yes / No	What are your transport department's working hours?	

NAME \_\_\_\_\_

SIGNED \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_

**TO BE COMPLETED BY CSL AUTHORISED PERSONNEL ONLY**

DATE RECEIVED:

OUTSTANDING DOC(S):

RR/SAGE/SITE VISIT:

REVIEW DATE: