



**Client  
registration form**

**COMPANY  
DETAILS**

COMPANY NAME:		CUSTOMER NUMBER::	
CIN:			
ADDRESS::			
BILLING ADDRESS:			
REGISTRATION DATE:			
POSTAL CODE:	MUNICIPALITY:	PROVINCE:	
TELEPHONE:	FAX:		
EMAIL	MOBILE PHONE:		
CONTACT PERSON:			
TYPE OF WASTE:	CONSTRUCTION WASTE		
	VEGETAL WASTE		
METHOD OF PAYMENT	BANK DIRECT DEBIT		
	CASH PAYMENT ON SITE		

Signature and stamp of the company

Signed:  
ID/CIN:  
Position:

Almería, , , 20