

DESIGN ♦ PRINT MANAGEMENT ♦ PRINT ♦ LAMINATE ♦ INSTALLATION

Credit Account Application

Company / Partnership / Individual (Please delete where not applicable)

Name: _____

Address: _____

Post Code: _____

Invoice address if different from above: _____

Post Code: _____

Accounts contact and title: _____

Tel No: _____

Email: _____

If a limited company, please give registration number

If not a limited company, name / address of owner / partners (previous address if less than 2 years)

Date of Birth: _____

Date of Birth: _____

Please provide 2 trade references (including merchant / major supplier)

1

Post Code: _____

Tel No: _____

Fax: _____

2

Post Code: _____

Tel No: _____

Fax: _____

Estimated monthly requirement: £ _____

How long in business: _____

Type of business: _____

How many employees: _____

Name (print): _____

Position: _____

Signed: _____

Date: _____

(If Partnership all Partners to sign)

We put quality first...