

CREDIT ACCOUNT APPLICATION FORM



Total Signs
and graphics Ltd
Signs that deliver your message...

FULL TRADING NAME & ADDRESS

	POSTCODE
TEL:	FAX:

INVOICE ADDRESS (IF DIFFERENT)

	POSTCODE:
TEL:	FAX:

Length of time business established:.....

Name of Proprietor/Managing Director:.....

Name of person to contact with regards to account matters:.....

CREDIT REFERENCES

BANKERS NAME & ADDRESS

	POSTCODE:
TEL:	FAX:

Account name:
Account number:
Sort code:
Co. Registration No.:

REFERENCE 1. (No fuel or tyre companies)

	POSTCODE:
TEL:	FAX:

REFERENCE 2. (No fuel or tyre companies)

	POSTCODE:
TEL:	FAX:

Amount of credit required per month £.....

Do we require order numbers? YES/NO

TERMS:

Your attention is drawn to our terms of payment which require accounts to be settled on the 20th of the month following invoice date. Any complaints regarding the goods and services supplied must be notified in writing within 14 days.

We do not pass title to goods supplied until payment is made in full.

I agree to the above terms and understand that Credit Facilities may be withdrawn if they are not complied with. This account is subject to our Conditions of Business, a copy of which is overleaf.

In the event of the Customer going into liquidation or bankruptcy, or being placed in administration, Total Signs and Graphics Ltd reserves the right to contra all balances on our Sales & Purchase ledgers.

Signature : Position:.....

Name : Date:.....

(PLEASE ATTACH A COPY OF YOUR LETTER HEADING AND RETURN THE ORIGINAL FORM BY POST)

FOR OFFICE USE ONLY:

Authorisation Signature:..... Authorisation Signature:.....

Credit Limit:..... Account Number:.....

Received Date:..... Code.....

Acceptance Returned A/c opened:.....