

APPLICATION FOR EURO COMMERCIAL CREDIT ACCOUNT

Please complete all the details below in block capitals and return the form to us along with your Company Letterhead. Attached to this application is a copy of our conditions of sale.

FULL TRADING NAME/S OF APPLICANT

TRADING ADDRESS

TEL NO: FAX NO:

IF LIMITED COMPANY OR PUBLIC LIMITED COMPANY: COMPANY REGISTRATION NO

ADDRESS OF REGISTERED OFFICE

..... VAT REGISTRATION NO

BANK DETAILS

ACCOUNT NO SORT CODE ACCOUNT

NAME..... ADDRESS

REFERENCES: Name, address and telephone number of 2 principal suppliers

SUPPLIER (1)

TEL NO FAX NO EMAIL

SUPPLIER (2)

TEL NO FAX NO EMAIL

PLEASE STATE MAXIMUM CREDIT REQUIREMENT £.....

NAME OF YOUR MANAGING DIRECTOR / SENIOR PARTNER

NAME AND EMAIL ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT ON TIME AND FOR SENDING INVOICES AND STATEMENTS TO:

INVOICE ADDRESS IF DIFFERENT

ACCOUNTS TEL NO

EVANS GRAPHICS LIMITED EURO BANK DETAILS:

BANK: National Westminster Bank
SORT CODE: 60-13-35
ACCOUNT NO: 52258203
ACCOUNT NAME: Evans Graphics Limited

DECLARATION BY CREDIT APPLICANT

We hereby request you to open a credit account.

Director's/Partner's Declaration:

I, being an authorised Officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms and your acceptance of our conditions of sale.

I/We appreciate that adherence to this obligation is the essence of the contract between us.

SIGNED NAME (please print)

DATE