

account application form

For an immediate response, photocopy and complete this charge account application form, then fax it to us on the number shown below.

about your business

Date

Company name

Main business activity

Accounts contactBuyer's name

Limited Company? Yes No If yes, Company Registration No

Sole Trader/Partnership? Yes No If yes, name(s) of owner(s)

VAT numberDate established

Business address

.....Post Code

Telephone numberFax number

E-mail addressWeb address

Accounts Department e-mail address

Invoice address (if different)

.....Post Code

supplementary information

Trade Ref 1

Trade Ref 2

Bank name and address

.....Post Code

Credit limit required (approx 2 months' purchases) £

declaration

I/We accept that all orders placed will be subject to the International Plastic Systems Limited Conditions of Business, a copy of which is printed in this handbook.

I/We declare that the above information is true and correct.

SignatureDate

NamePosition

As part of the process to assess this application, IPS will conduct a search of the files of a Registered Credit Reference Agency who will keep a record of that search. This record may be used as part of any future application for credit you may make.

fax this form to 0191 521 3222