



APPLICATION FOR CREDIT ACCOUNT

Please complete this application for and fax it to (01480) 470006

Company Name

Type of Business

LTD PLC Sole Trader Partnership

Address

Tel No

Fax No

Accounts Contact

Registered Address

(if different)

Registered Number:

Name(s) of Directors, Partners, Proprietors

Associated Businesses

Function of Business

Date established

APPLICATION FOR CREDIT ACCOUNT

ACCOUNT AND BANK DETAILS

Credit per Month Required £ _____

Bank Name _____

Bank Address _____

Account Name _____

Account No _____

Sort Code _____

TRADE REFERENCES

Company Name _____

Company Address _____

Tel No _____

Fax No _____

Value of Business/month _____

No of years traded _____

Company Name _____

Company Address _____

Tel No _____

Fax No _____

Value of Business/month _____

No of years traded _____

I accept that any credit account given is subject to Regal Communications Limited Terms and Conditions of Sale, available to view at www.regalcommunications.com.

Signed:

Dated:

Name:

Position: