



Richfield Labels Limited

Credit Application for a Business Account

Kroy Building, Unit 2,
14 Commercial Road
Reading
Berkshire
RG2 0QJ

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

County:

Postcode:

Date Business commenced:

Company Reg No:

VAT No:

Business Type:

BUSINESS AND CREDIT INFORMATION

Trading address (If different):

City:

County:

Postcode:

Duration at current address:

Telephone:

Fax:

Accounts E-mail:

Bank name:

Bank address:

Phone:

City:

County:

Postcode:

Type of account:

Account number:

BUSINESS/TRADE REFERENCES

1. Company name:

Address:

City:

County:

Postcode:

Phone:

Fax:

E-mail:

Type of account:

2. Company name:

Address:

City:

County:

Postcode:

Phone:

Fax:

E-mail:

Type of account:

Credit Amount Requested:

AGREEMENT

1. We hereby agree to pay all invoices within 30 days EOM from the date specified on the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Richfield Labels Limited to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: