

APPLICATION FOR CREDIT ACCOUNT



CUSTOMER DETAILS

Company name:	
Address:	
Address:	
Postcode:	
Type of company:	☐ Limited Company ☐ Sole Trader ☐ Partnership
Registration number:	
Registered Office Address (if different from above)	
Telephone:	
Fax:	
Email:	
Purchasing contact:	
Accounts contact:	

TRADE REFERENCES

Company 1:	
Contact name:	
Address:	
Postcode:	
Telephone:	

Email:	
Company 2:	
Contact name:	
Address:	
Postcode:	
Telephone:	
Email:	

BANK DETAILS	
Bank name:	
Branch:	
Account number:	
Sort code:	

I hereby authorise RS Labels to obtain references from the above, as and when appropriate. I agree to abide by the Terms and Conditions as set out by RS Labels which include that all invoices are due to be paid within 30 days from the date of invoice, and that a Purchase Order must be given for services rendered.

Signed:	
Printed name:	
Position:	
Date:	