

Full Company Trading Name

Invoice/Statement Address

 Post Code

Delivery Address (If Different)

 Post Code

Purchasing Contact Name

Contact for Accounts inc Email

E -Invoicing YES or NO

Telephone & Fax Number

T

F

Telephone & Fax Number

T

F

Bank Details

Name

Address

Post Code

Account No

Sort Code

Trade Referees (2 companies you deal with regularly)

1.Name	2.Name
Address <input type="text"/>	Address <input type="text"/>
Post Code <input type="text"/>	Post Code <input type="text"/>
Phone No <input type="text"/>	Phone No <input type="text"/>
Contact <input type="text"/>	Contact <input type="text"/>

Structure

Partnership

Sole Owner/Trader

Limited Company

Registered No

Reg./Partnership Address

Please Attach a Company Letterhead or Compliment Slip

About Your Business

No Years Trading No of Employees

Annual Turnover

Spend PA (Stationery) Spend PA (Printing)

Credit Limit Required

Internal Use Only

Rep

Accepted by

Credit Limit

Auth by

Terms of payment: Invoices are posted to you shortly after the despatch of goods and are due for payment within 30 days of the invoice date. It is necessary for the economic operation of our services for this policy to be strictly enforced and we make no apology for our strict credit control procedure. Failure to comply with these terms may lead to your credit facility being withdrawn. Please check that you have completed ALL the details on this form to avoid delays in processing your application for credit. I/We authorise Logos Unlimited Ltd to make status enquiries in connection with this application for credit facilities and to keep computerised records related to our account with Logos Unlimited Ltd for the exclusive internal use of Logos Unlimited Ltd.

I/We have read and agree to abide by your Terms and Conditions

Position Full Name

Signature Date