

## COPRINT LIMITED - NEW ACCOUNT APPLICATION FORM

Until this form has been completed in full and passed to the company for approval, all transactions must be paid by cash with order.

Representative Name \_\_\_\_\_

### SECTION ONE

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

Company Registration Number (if Limited): \_\_\_\_\_

Holding Company if Applicable: \_\_\_\_\_

Credit Limit Required: \_\_\_\_\_

Trade References – Please give details of the names and addresses of two referees who may be contacted for the customary trade enquiries.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Facsimile No: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Acc. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Acc. Number: \_\_\_\_\_

Sort Code: \_\_\_\_\_

## **SECTION TWO**

If you are a sole trader or partnership please give details of your home addresses.

Full Name:

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Address:

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Post Code:

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Telephone No:

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## **SECTION THREE**

Declaration:

I/We acknowledge receipt of and accept the terms and conditions of sale of Coptrin Ltd

Signature:

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Full Name of Signatory:

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Position:

Date:

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## **SECTION FOUR (for internal use only)**

Credit Limit:

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Authorised By:

Date:

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