

## APPLICATION FOR A TRADE/CREDIT ACCOUNT

PLEASE ANSWER ALL QUESTIONS (BLOCK CAPITALS PLEASE)

|   |       |                       |  |
|---|-------|-----------------------|--|
| Company Name  |       |                       |  |
| Address   |       |                       |  |
|   |       |                       |  |
|   |       |                       |  |
| Postcode  |       |                       |  |
| Telephone Number  |       |                       |  |
| Company Number  |       |                       |  |
| VAT Number  |       |                       |  |
| Nature of Business  |       |                       |  |
| Registered Office   |       |                       |  |
| Date Established  |       | Credit Limit required |  |
| Accounts Contact Name   |       | Accounts Contact No   |  |
| Bank Name   |       |                       |  |
| Bank Address  |       |                       |  |
|   |       |                       |  |
| Account Number  |       | Sort Code             |  |
| <b>References:</b>  |       |                       |  |
| <i>Name &amp; Address for two Trade references: (inc telephone &amp; fax)</i> |       |                       |  |
| (a)   | _____ |                       |  |
| (b)   | _____ |                       |  |

**I/we accept the following Conditions of Granting Credit**

All invoices are net, including VAT charged at the appropriate rate. Credit is granted only in accordance with any restrictions placed upon this account. Credit may be stopped if the account exceeds the agreed credit limit, or falls into arrear and further action may be taken at the discretion RCB Logic Limited. It is understood that RCB Logic may contact the referees provided, for information, and that the account may not be opened until satisfactory references have been received.

**I/we are aware that "Title of Goods" only passes upon full payment.**

On behalf of the Applicant, I/we confirm that the form has been correctly completed and I/we have read, understood and accepted the conditions printed above and acknowledge receipt of the Terms and Condition of Sale (attached with document) and state that I am duly authorised by the above Company to sign this Application and give the following warranty.

**Warranty**

In consideration of the granting of credit facilities I/we agree to make settlement of the accounts 30 days from date of invoice.

|  |  |           |  |
|--|--|-----------|--|
| This form must be signed by a Director/Owner of the Company. |  |           |  |
| Full Name  |  | Position  |  |
| Date   |  | Signature |  |