

Application Form

Simply complete this form, free fax it back with a copy of your company letterhead and leave the rest to us.

Fax 0800 37 39 36 Tel 0800 77 26 33

FULL LEGAL TITLE			
DELIVERY ADDRESS			
BUSINESS TYPE	SOLE TRADER <input type="radio"/>	PARTNERSHIP <input type="radio"/>	LTD / PLC <input type="radio"/>
COMPANY REG NO			
TELEPHONE NO		FAX NO	
INVOICE ADDRESS (IF DIFFERENT FROM ABOVE)		NO. OF YEARS TRADING:	
TELEPHONE NO		FAX NO	
INTERNET ADDRESS		CREDIT LIMIT REQ.	
PLEASE KEEP ME INFORMED OF PRODUCT UPDATES AND PROMOTIONS VIA EMAIL. YES <input type="radio"/> NO THANKS <input type="radio"/>			
PURCHASING CONTACT			
NAME		POSITION / TITLE	
TELEPHONE NO		FAX NO	
E-MAIL ADDRESS			
ACCOUNTING CONTACT			
NAME		POSITION / TITLE	
TELEPHONE NO		FAX NO	
E-MAIL ADDRESS			
HAVE YOU PREVIOUSLY TRADED WITH SPANDEX OR ONE OF ITS SUBSIDIARY COMPANIES ? IF YES, PLEASE PROVIDE ACCOUNT NUMBER AND DETAILS OF PREVIOUS TRADING EXPERIENCE BELOW :			
WHICH SIGN MAKING / DIGITAL PRINTING HARDWARE EQUIPMENT DO YOU HAVE?			
TRADE REFERENCES			
I / WE AUTHORISE YOU TO TAKE UP REFERENCES FROM THE UNDER MENTIONED TRADE SOURCES (YOU CURRENTLY TRADE ON CREDIT WITH)			
COMPANY NAME			
ADDRESS			
CONTACT NAME		TELEPHONE NO	
E-MAIL ADDRESS		FAX NO	
COMPANY NAME 2			
ADDRESS			
CONTACT NAME		TELEPHONE NO	
E-MAIL ADDRESS		FAX NO	

Application Cont.

DETAILS OF OWNER / PARTNERS / DIRECTORS

I / We, the undersigned, apply to open a credit account with Spandex Ltd, to make payment in accordance with the terms and conditions of sale (available on request). I / We understand that payment is due within no more than 30 days of the month of the invoice. If the credit limit is exceeded for any reason, Spandex Ltd, will be entitled to suspend further orders until such time as payment is made to bring the account up to date. Please note, Spandex Ltd will make a search with a credit reference agency and will keep a record of that search and will share that information with other businesses. We may also make the enquiries about the principles / directors. Your account will be monitored and information relating to your trade performance will be recorded and could be made available to other organisations to assess application for credit.

NAME			
ADDRESS			
DATE OF BIRTH		POSITION	
TELEPHONE NO		SIGNATURE	
NAME			
ADDRESS			
DATE OF BIRTH		POSITION	
TELEPHONE NO		SIGNATURE	
NAME			
ADDRESS			
DATE OF BIRTH		POSITION	
TELEPHONE NO		SIGNATURE	

FOR OFFICE USE ONLY

CREDIT TERMS		CREDIT LIMIT	
REASON FOR APPLICATION		SERVICE ACCOUNT <input type="radio"/>	
CREDIT ACCOUNT <input type="radio"/>		HARDWARE ACCOUNT <input type="radio"/>	
LEASING COMPANY <input type="radio"/>		CASH ONLY ACCOUNT <input type="radio"/>	
SALES DISTRICT		SALES GROUP	
LEVEL		SALES REGION	
AUTHORISED BY		APPLIED BY	
DATE AUTHORISED		DATE APPLIED	
ADDITIONAL INFORMATION			
D-U-N-S NUMBER		ACCOUNT NUMBER	

SPANDEX QUALITY MANAGEMENT SYSTEM ISSUE 2 PM403.14