



### ACCOUNT APPLICATION FORM

Please complete all applicable sections using **BLOCK CAPITALS** and fax to 01488 73377

### LIMITED COMPANIES ONLY

Credit Limit Requested: £ \_\_\_\_\_

|  |                            |                               |  |
|--|----------------------------|-------------------------------|--|
| Company Registration No:                                       |                            | Date of Company Registration: |  |
| VAT Registration No:   |                            |                               |  |
| Registered Company Name:                                       |                            |                               |  |
| Parent/Holding Company Name: <i>(If applicable)</i>            |                            |                               |  |
| Parent/Holding Company Registration No: <i>(If applicable)</i> |                            |                               |  |
| Trading Name: <i>(if different from Registered name)</i>       |                            |                               |  |
| Full Trading Address:  | Registered Office Address: |                               |  |
|  |                            |                               |  |
| Telephone No:  |                            |                               |  |
| Fax No:  |                            |                               |  |
| Accounts Dept. Contact Name:                                   |                            |                               |  |
| Accounts Dept. Contact Fax No:                                 |                            |                               |  |

|  |  |
|--|--|
| Our terms are: <b>30 DAYS</b>            |  |
| Method of payment: <b>CHEQUE or BACS</b> |  |
| Company Bank Details:                    |  |
| Two Trade References:                    |  |

*RGB reserve the legal right to claim interest from late paying customers*

|  |                               |
|--|-------------------------------|
| Please sign to confirm accuracy of the above and acceptance of our terms and conditions. |                               |
| Signed: _____  | Print Name: _____             |
| Date: _____  | Director or Accountant: _____ |