



**ACCOUNT APPLICATION FORM**

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

**SOLE TRADERS & PARTNERSHIPS ONLY**

**Credit Limit Requested: £ \_\_\_\_\_**

Trading Name:	
Date Established:	
VAT Registration No:	
Full Trading Address:	
Telephone No:	
Fax No:	
Name & Address (of sole trader or Partners):	
<i>(Please supply additional Partners details on separate sheet)</i>	
Accounts Dept. Contact Name:	
Accounts Dept. Contact Fax No:	
<b>Our terms are: 30 DAYS</b>	
<b>Method of payment: 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: _____	Proprietor or Partner: _____