



APPLICATION TO OPEN A CREDIT ACCOUNT
TO BE COMPLETED BY ALL NEW ACCOUNTS

BLOCK CAPITALS PLEASE

Name of Company

Company Reg. No. (if applic)

Address

..... Post Code

Tel No

Fax No

Name of Contact/Buyer

Accounts Contact

Accounts E-mail

Trading Since

Address for delivery if different to above:.....

..... Post Code

Name and address of company paying for goods
if different to above :.....

..... Post Code

Mayday Representative's Name:

.....

Date:

Type of Business:

.....

Approx. amount of credit required per month:

.....

OFFICE USE ONLY

ICC

REF 1 TAKEN UP

REPLY

REF 2 TAKEN UP

REPLY

DATE A/C OPENED

CREDIT LIMIT

TERMS

AUTHORISED BY

REFERENCES : Two trade references must be given, together with authority to perform credit checks

Name

Address

..... Post Code

Tel No

Fax No

Name

Address

..... Post Code

Tel No

Fax No

PLEASE ENCLOSE A BUSINESS LETTERHEAD WITH YOUR APPLICATION FORM.

Authorisation: I hereby give authority for Mayday Graphic Products Ltd to carry out credit rating checks on this company, through a credit reference agency

Signed

Date

Mayday Graphic Products Limited, 15 Eltisbury Business Park, Potton Road, Abbotsley, St Neots. PE19 6TX

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