



advancedimaging
digital:print:solutions

credit application form

Company Name _____

Legal Status Limited / PLC / Sole Trader / LLP / IPS
(please delete as appropriate) Other please specify _____

Address _____

Registered Office
(if different from above) _____

Delivery Address
(if different from above) _____

Telephone _____

Fax _____

Email _____

Payment Contact _____

Position in Company _____

Credit Limit Required _____

Bank Name and Address _____

Account Name _____

Account Number _____

Account Sort Code _____

Trade Reference 1 _____

Fax _____

Trade Reference 2 _____

Fax _____

I/We declare that the above information is true to the best of our knowledge. I/We have read, understood and will abide by the terms and conditions of **ADVANCED IMAGING NOTTM LTD.**

I / We request a Credit Facility with the Supplier named above. I / We have received, read and understand their Terms of Trade and agree that all transactions between us will be governed by those Terms. Specifically I / We agree to pay all Invoices rendered correctly by the Supplier within 30 days. I / we give my / our consent to a credit search being made on me / us as owner / partner or director of this organisation both now & at any future date. I / we understand this search will be recorded by the agency & may be disclosed to subsequent enquirers

I/We give our permission that the bank and trade references quoted above can be contacted and any information given be kept by **ADVANCED IMAGING NOTTM LTD.** Subject to the Data Protection Act 1998.

Signed _____

Name (Please Print) _____

Position in Business _____

Date _____