



CREDIT ACCOUNT APPLICATION FORM

To be completed by any prospective customer wishing to trade on Credit with Park Lane Press (the Supplier). Please note that completing this form does not guarantee you a Credit Account. The Supplier reserves the right to accept or decline any Application without giving any explanation. By completing and signing this form you give the Supplier the right to follow up on the references provided and to consult any Credit Reference Agency if appropriate. It is the Applicant's responsibility to read and understand the Supplier's Terms of Trade. These Terms will govern all transactions between the Supplier and any approved Credit Account.

Applicant Company/Business				
Address (Principal place of Business)				
				PostCode:
Telephone:			Fax:	
Type of Company or Business (Tick)	Sole Trader *	Co Limited by Guarantee	PLC	Ltd
	Partnership	Wholly owned Subsidiary**	Holding Company	Other
Contact Name:			Title:	
Managing Director or Proprietor: *				

- * Please provide full name(s) and Home Address(es) of all Partners in a Business or of the Sole Trader overleaf.
- ** Please provide the name & Registered Office of the ultimate Holding Company.
- NB Incomplete Applications will not be processed.

Bankers:	Sort Code:	
Branch:	Account No:	
Limited Companies only:	Registered Office:	
Company Registration No:		

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 the stated period. I / we give my / our consent to a credit search being made on me / us as owner / partner or director of this organization both now & at any future date. I / we understand this search will be recorded by the ICSM agency & may be disclosed to subsequent enquiries.

Signed: _____ Dated: ____/____/____

Please Print your Name: _____ Position or Title: _____

Please provide two Trade References who have at least two years' experience of trading with you. By signing this Application you give us your explicit consent to our contacting your referees. Do not give names of firms or companies associated by commonality of family, shareholders or directors. These are unacceptable, as are Public Utilities, Government Bodies and any Preferential Creditors.

Name:			
Address:			
Contact		Tel. No.	
Name:			
Address:			
Contact		Tel. No.	

Partnerships & Sole Traders must provide Home Addresses of all Principals in the Firm, because they are jointly and severally liable for any indebtedness incurred by the Firm.

Name:	Address:		
Tel. No:		Post Code:	

Name:	Address:		
Tel. No:		Post Code:	

Name:	Address:		
Tel. No:		Post Code:	

Name:	Address:		
Tel. No:		Post Code:	

Continue on separate sheet if necessary

Limited Company Applicants that are subsidiaries or associates, please provide the name and Company Registration Number(s) of associated and intermediate and ultimate Holding Companies.

Name:		Co. No:	
Name:		Co. No:	
Name:		Co. No:	

Continue on separate sheet if necessary

Questions on this final page are not compulsory, but helpful to us.

Please give the names and addresses of the your principle print buyer and accounts payable:

Print Buyer

Name:		Address:	
Tel. No:		Post Code:	
Fax No:		E-mail:	

Accounts Payable

Name:		Address:	
Tel. No:		Post Code:	
Fax No:		E-mail:	

What Day Of The Month Are Payments Usually Dispatched?

Day:	Comment:

What Is Your Main Business Activity?

What Was Your Lithographic Print Spend For An Average Year?

£

What Was Your Digital Print Spend For An Average Year?

£

What Is Your Estimated Lithographic Print Spend For The Next 12 Months?

£

What Is Your Estimated Digital Print Spend For The Next 12 Months?

£
