

LABELMAN LTD  
UNIT 1, SPRING BUILDINGS  
ROBELL WAY, WATER LANE TRADING ESTATE  
STORRINGTON, WEST SUSSEX RH20 3DW

## APPLICATION FOR CREDIT ACCOUNT FACILITIES

**Company Name:** .....

**Address:** .....

**Postcode:** ..... **Phone:** ..... **Fax:** .....

**Accounts** ..... **Phone:** ..... **Ext:** .....  
**Contact:** .....

**Project Contact:** ..... **Phone:** ..... **Ext:** .....

Is your company:      Limited ☐    Partnership ☐    Sole Trader ☐    Private Individual ☐

*\*Please tick where appropriate*

Limited companies should supply a letterhead (crossed with “sample”), showing their Company Registration details. Sole traders and individuals should attach details of home address and telephone number. All applicants must supply a copy of their most recent audited accounts.

Type of Business (e.g. Retail, Manufacturing): .....

EC Member:    Y/N      if Yes please state the VAT Registration No: .....

**Bank Details:**

Name of Bank: ..... Sort Code: .....

Address: ..... A/C No: .....

..... Post Code: .....

Please supply TWO Trade References:

Company Name: .....

Address: .....

Contact: ..... Phone: ..... Fax: .....

Company Name: .....

Address: .....

Contact: ..... Phone: ..... Fax: .....

### Payment Terms

LABELMAN LTD adopt a very strict payment system. Remittance is due no later than **30 days from date of invoice**. Any variation from these terms must be agreed in writing prior to the account being set up.

If the goods delivered do not meet the requirements of the customer, LABELMAN LTD must be informed in writing within **three** days upon receipt of goods otherwise the customer will be liable for the full value of the goods. Non delivery must be reported in writing within **five** days of receipt by the customer of the company's invoice.

**Declaration**

I understand that the payment terms are **strictly 30 days from date of invoice**, and am aware that any unauthorised variation to this will result in a review of our credit facility, and subsequently the account may be closed.

Authorised signature of applicant: .....

Print Name: .....

Position in Company: .....

Amount of credit required: £ ..... Date: .....

LABELMAN Account Manager: .....

**PLEASE FAX THIS FORM BACK TO US ON 01903 741187**

For Internal Use Only	
Account Code:	Terms: 30 days/other      If other please specify
Credit Limit:	Sales person:
Vat Reg. No:	Country Code: