

Please return completed to: Accounts Department, UK Point Of Sale Group Ltd
Emery Court, The Embankment, Heaton Mersey, Stockport, Greater Manchester SK4 3GL

INTERNAL OFFICE USE ONLY

Please Complete Using Block Capitals

Full Trading name:

Address for Invoices/Statements:

Postcode

Person Responsible for Accounts Queries:

Tel:

Fax:

Email:

Delivery Address (if different):

Postcode

Person Responsible for Orders/Deliveries:

Tel:

Fax:

Email:

Your Bank

Name and Address of bank:

Sort Code:

Account No:

Postcode

Two Trade referees (companies you deal with regularly)

Name and Address:

Postcode

Tel:

Fax:

Email:

Name and Address:

Postcode

Tel:

Fax:

Email:

Your Business Structure

Partnership

Sole Ownership

Limited Company

Company Registration Number:

Registered Office Address:

Maturity of Business

Age of Business:

Annual Sales: Under £100,000 £100,000 to £1million £1million to £5million Over £5million

No of Employees: 1 to 9 10 to 49 50 to 99 100 and over

Monthly Credit

Monthly Credit Required:

Your Organisation

Type of Business:

Partnership

Sole Ownership

Limited Company

Terms for Payment First order to be processed on a pro-forma basis

We post an invoice to you shortly after the dispatch of goods which is due for payment, 30 days from invoice date. For the economic operation of our service this condition needs to be strictly enforced and we make no apology for our strict credit control procedure. **Failure to comply with these terms may lead to your credit facility being withdrawn.** Please double check that you have completed all details on this form to avoid delays in processing your application for credit.

Declaration

I have agreed to your terms of payment and will settle outstanding debts accordingly.

Authorised Signature:

Position:

Print Name:

Date: