

Subscriber:	Mensa Printers	
Subscriber's Account No:	5920	Subscriber's Tel. Number: 0114 272 5992



CREDIT ACCOUNT APPLICATION FORM

To be completed by any prospective customer wishing to trade on Credit with the above Subscriber. 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:	Amount of credit applied for:			
Date of Birth:				
Company/Business:				
Address: <i>(Principal place of Business)</i>	Post Code:			
<i>Companies please give:</i>	Tel:		Fax:	
Type of Company or Business <i>(please tick):</i>	PLC	Ltd	Co Limited by Guarantee	Partnership *
	Sole Trader *	Holding Company	Wholly owned Subsidiary #	Other
Contact Name:				Title:
Managing Director or Proprietor: *				

* Please provide overleaf full name(s) and Home Address(es) of all Partners in a Business, or of the Sole Trader.

Please provide the name and Registered Office of the ultimate Holding Company.

NB Incomplete Applications will not be processed.

Bankers:		Sort Code:
Branch:		Account No:
<i>Limited Companies only:</i>	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 and at any future date. I / We understand this search will be recorded by the agency and may be disclosed to subsequent enquirers.

Signed: _____ Date: _____

Name *(please print)*: _____ 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.

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

Partnerships and 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:		
Date of Birth:	Tel. No:	Post Code:	

Name:	Address:		
Date of Birth:	Tel. No:	Post Code:	

Name:	Address:		
Date of Birth:	Tel. No:	Post Code:	

Name:	Address:		
Date of Birth:	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.