

CREDIT ACCOUNT APPLICATION FORM

Please complete this form and fax it back to Plastic Data Card Ltd on 01634 831080 - Please also attach a copy of your official letterhead.

COMPANY NAME	COMPA	COMPANY REG NO.			
COLITAINTINATE	COLIF	COPIFANT REGINO.			
EXACT TRADING STYLE	DATE E	DATE ESTABLISHED			
ADDRESS	TELEPH	TELEPHONE			
	FAX	FAX			
	E-MAIL	E-MAIL			
	WEBSIT	ГЕ			
POSTCODE		JNT OF IT REQ'D			
CONTACTS:					
SALES CONTACT	TEL			FAX	
ACCOUNTS CONTACT	TEL			FAX	
IF NON LIMITED COMPANY, PLEASE STATE FULL	NAME AND PRIVATE ADDRESS O	F PARTNERS/SO	LETRADER:		
FULL NAME	FULL N	FULL NAME			
ADDRESS	ADDRE	ADDRESS			
POSTCODE	POSTC	POSTCODE			
<u> </u>		TELEPHONE			

Plastic Data Card Ltd use the factoring services of RBS Invoice Finance Ltd.

Our credit terms are STRICTLY net 30 days from end of month of invoice.

Note: Printing will not commence prior to return of this form.

SIGNED	POSITION	
NAME (PRINT)	DATE	

PLASTIC DATA CARD LTD

Dajen Business Park, Second Avenue, Chatham, Kent ME4 5AU Tel: 01634 811455 Fax: 01634 831080

Email: sales@plasticdatacard.co.uk Website: www.plasticdatacard.co.uk