



Account Application Form

Name of Applicant _____
 Company Trading Name _____
 Company Trading Address _____

Phone Number _____
 Mobile Phone Number _____ Fax Number _____
 Web Site Address _____ Email Address _____

Legal Status PLC LTD Public Authority Partnership Sole Trader
 IF A LIMITED COMPANY: Date of Incorporation _____ Registration Number _____

Accounts Department Details

Account/Payment contact name _____ Position _____
 Phone Number _____ Email Address _____
 Company Invoice Address _____
 if different from Trading Address _____

Required credit limit £ Official written orders Order Nos. only Verbal orders

Please note: Credit limit should cover 2 months trading including VAT (tick one of the above only).

The Data Protection Act now states that individual credit references will require full names and dates of birth as well as the address and postcode to ensure the reference is for the correct person. Therefore if the application is for an individual or a partnership we will require full names and dates of birth as well as the addresses and post-codes for all principals.

Should you wish to discuss this matter, please contact our Credit Control Department by telephone on 01279 501 501

Name _____ Position _____ Date of Birth _____
 Address _____
 _____ Postcode _____
 Name _____ Position _____ Date of Birth _____
 Address _____
 _____ Postcode _____

If more required please attach

- Please Enclose Copies of Your**
- | | |
|------------------------------------|--|
| 1. Company Headed Paper | 2. Employer liability Insurance |
| 3. Hired-In Plant Insurance | 4. Public liability Insurance |

Please provide two Trade References

Company Name _____
 Contact Name _____
 Company Address _____

 Postcode _____ Phone Number _____

Company Name _____
 Contact Name _____
 Company Address _____

 Postcode _____ Phone Number _____

Additional Information

To the best of my knowledge and belief all the above details are correct. I/We have read and accept Rapid Platforms Ltd Terms and Conditions. I/We agree that any information held about me/us may be used for credit reference purposes and therefore may be given to licensed credit reference agencies, other suppliers or creditors and other agents to the extent required and permitted by law. I/We fully understand that payment is due 28 after invoice date and the account will be operated within the credit limit allocated.

Signature _____	Signature _____
Name _____	Name _____
Position _____	Position _____
Date _____	Date _____