

## Impression Works - Application for Credit Account

Limited Company       Sole Trader      (Please Tick)

|               |                   |
|---------------|-------------------|
| Company Name: |                   |
| Address:      |                   |
| Post Code:    | *Registration No: |
| Tel:.....     | Fax:.....         |

Contact in Accounts Department:.....

Email Address: ..... Telephone No. ....

|  |
|--|
| *Registered Office Address   |
| (If any different from above):   |
| *Names of proprietors <b><u>(If non-Limited Company – Please include Date of birth &amp; Home address)</u></b> |

### TRADE REFERENCES

|            |               |
|------------|---------------|
| Company:   | Contact Name: |
| Address:   |               |
| Post Code: | Telephone No: |
| Company:   | Contact Name: |
| Address:   |               |
| Post Code: | Telephone No: |

### BANK DETAILS

|             |            |
|-------------|------------|
| Name:       | Branch:    |
| Account No: | Sort Code: |

I hereby Authorise Impression Works to obtain references from the above as and when appropriate. I agree to abide by the terms and conditions as set out by Impression Works which include that all invoices are due to be paid 30 days from the date of invoice and that a purchase order must be given for services rendered.

I declare I have authority to apply for credit limit of £1500 on behalf of the company.

Signed.....Printed Name.....  
Position.....Date.....

Please complete in full and return to: Impression Works, 16 Kingsway, Whitkirk, Leeds, LS15 7BU