

AJS labels ACCOUNT APPLICATION FORM

Customer Name _____

Trading Style _____ (Limited Co. / Partnership / Sole Trader)

Registered Company Number _____

Vat Number _____

Non Limited Companies (Please provide details of owner/partners full names & addresses)

Invoice Address:

Tel: _____

Fax: _____

E-Mail: _____

Trade References:

Ref: 1

Ref: 2

I accept that the information supplied on this form will be used to process this application for a credit account and that in signing this form I consent to any searches necessary to this application being made in order to establish a credit limit with AJS LABELS LTD and any of its subsidiary companies. I also consent to this information being used for review, marketing, debt collection and prevention of fraud purposes. I also accept the terms and conditions of AJS LABELS LTD. I confirm that I have authority to sign this account application form on behalf of this business.

SIGNED _____

DATE _____

NAME _____