Reach Publishing Services Ltd

P.O. Box 2003, Liverpool, L69 3FR

Credit Account Application Form

(PLEASE USE BLOCK CAPITALS AND COMPLETE FULLY)

				CON	/IP/	ANY DET <i>i</i>	AILS					
Full Company Name:												
Trading Name: (If different from the above)												
		Company Registration Number					PLEASE S	PECIFY e.	g. Sole Trader, Partn	ership etc		
Type of Business Ltd.						Other						
Proprietor(s) / Managing Director(s) Name(s):						Date of Birth: (for sole Traders this is required)						
Trading Address :												
Length of time at address:		Previous address (if at current address less than 3 years):										
Invoicing Address : (if	different f	rom the above)	om the above)									
Length of time at address:		Previous address (if at current address less than 3 years):										
Home Address : (for Sole Traders this is required)												
Length of time at address: Previous address (if at current address less than 3 years):												
Company Tel No:	mpany Tel No:						ablished	1				
Charity No if Vat Exemp	empt						nthly Credit Required					
For Zero/Exempt rat	ing nleas	e supply self		Email Address								
certification of qualifica												
If operating in the EU please supply your reg			Web Address									
country of												
				Nature of Business								
BANK DETAILS												
Bank Name:	Account Name:											
Bank Address:	ank Address:											
Bank Sort Code: Account Number:												
PAYMENT/INVOICING INFORMATION												
			voices from Reach Publishing Services ? Please tick box YES/NO YES all invoices this must be provided at the time of booking.						YES		NO	
PLEASE NOTE: all correspondence will be sent via email where an email address has been supplied.												
Email Address:			-									
DECLARATION												
I/we hereby declare that the information given is complete and accurate to the best of my/our knowledge. I/we acknowledge that where a full monthly credit account is offered, invoice/s will become due and be paid by the 25th of the month following month of invoice. Where a direct debit account is offered, I/we undertake to ensure that funds are available to be collected by Direct Debit on the due date. The signature on this form is confirmation that you fully accept these terms and will adhere to them. Please note that once this form is returned, duly completed, it will be necessary for us to undertake a credit check with a credit reference agency, in order to process your application further and offer you credit facilities. Your signature on this form indicates that your full permission is given for us to undertake this check. Please ensure that all appropriate sections of this form are fully completed with the information requested.												
Please email the completed form to accountsreceivable@reachplc.com												
Signature (Voided if no	ot signed)	Name & Position within company (please print full name)								Date		
- (·····	U - 71											
Signature (Voided if no	ot signed)		Name & Position (where more than one signature is required please use this section)									
PLEASE NOTE:- It is the responsibility of the above named company to advise of any changes to the above information. This form must be completed by the Finance Director or a senior member of the Finance Team.												
		<u>complete</u>	ea by the	e Finance Direct	or o	or a senio	r memb	er of th	e Finance Team.			

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