Please fax this form back on 01206 835592 or email back to accounts@rapidonline.com Credit Control contact telephone number: 01206 838001



| | | APPLICATION FOR | CREDIT FACILITIES | helping you make it | |
|--|---|--|---|---|--|
| 1 | FULL COMPANY NAME | | | | |
| | | | (IT subsidiary/part o | f group of companies – please state) | |
| 2 | CONTACTS: PURCHASI | NG Name: | Tel: | | |
| | Job title: | | | like the facility to order online? \Box | |
| | Email address: | | | that this email address will be the ated with your web account | |
| | CONTACTS: ACCOUNTS | Name: | Tel: | | |
| | | Email address: | Can y | ou accept invoices via email \square | |
| 3 | TRADING STYLE: So | le trader \square Partnership \square Limited compar | у□ | | |
| 4 | ADDRESS: Street and nu | RESS: Street and number: | | | |
| | Town | vn | | | |
| | Telephone number: | ephone number:Fax number: | | | |
| | Fmail: | nail: | | | |
| | | *By giving us your email address you agree that we may send you information by email. Your details are held in strict confidence and will not be passed on | | | |
| 5 | ADDRESSES: Residentia | DRESSES: Residential if sole trader/partnership OR Registered office if limited company | | | |
| | 1 Name | Street and number | Tow | /n | |
| | 2 Name | Street and number | Tow | /n | |
| 6 | LIMITED COMPANIES: | Turnover | Number of employees | | |
| | | Registration number | VAT registration number | VAT registration number | |
| | | Director's name | Director's name | | |
| | | Director's name | Director's name | | |
| 7 | NATURE OF BUSINESS: | | | | |
| 8 | DATE YOUR BUSINESS S | E YOUR BUSINESS STARTED: DD / MM / YEAR | | | |
| 9 | CREDIT REQUIRED (max | EDIT REQUIRED (maximum monthly amount) £ | | | |
| 10 | REFRERENCE: Name an | FRERENCE: Name and address of Trade reference: | | | |
| | Email: | | | | |
| Email: | | | | | |
| We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency. | | | | | |
| CONDITIONS OF GRANTING CREDIT ACCEPTED BY THE APPLICANT | | | | | |
| Cred Elect be o | it may be stopped if the cronics Ltd. I/We understa pened until satisfactory re | g VAT charged at the appropriate rate. Credi account exceeds the agreed credit limit, or f and that Rapid Electronics Ltd may contact the eferences are received. I/We understand that by under the late payment legislation if they are | alls into arrears and further action may be ne references provided for further informati Rapid Electronics Ltd will exercise their st | e taken at the discretion of Rapid ion and that the account may not | |
| WE ARE AWARE THAT TITLE OF GOODS ONLY PASSES UPON FULL PAYMENT On behalf of the Applicant, I/We understand and accept the conditions printed above and the terms of business as printed in your catalogue and state that | | | | | |
| I am duly authorised by the above Company to sign this application and give the following warranty: In consideration of the granting of credit facilities I/We agree to make settlements of accounts not later than the end of the month following the date of invoice. | | | | | |

To avoid any delay please complete ALL relevant sections. Thank you. Date DD / MM / YEAR

SIGNATURE: Position: Position: