



Supplying the Complete Range of Packaging Containers

ACCOUNT APPLICATION FORM

To: Involvement Packaging Ltd.

We, [input] (Full Company Name)

apply for an account with Involvement Packaging Ltd and give the following information. All transactions are subject to the Terms and Conditions as laid down by Involvement Packaging Ltd, which are attached and as maybe amended from time to time.

Address: [input]

[input]

Tel No: [input]

VAT No: [input]

We agree that if credit facilities are given to us we shall pay for all goods and services supplied within 30 days of the date of supply,

Signed: [input]

Date: [input]

Name: [input]

Status: [input]

(Block capitals)

(Partner, Proprietor or Director)

This section must be completed if a CREDIT ACCOUNT is required

Date of Business Formation: [input]

Credit Required: £ [input]

(Maximum amount required)

The Applicant is a: PARTNERSHIP [input]

LIMITED COMPANY [input]

SOLE PROPIETOR [input]

Name and Address of Partners/Director(s)/Proprietor: [input]

(Please supply a sheet of your headed paper with this application)

If a LTD COMPANY, please give full title: [input]

Registered Office Address: [input]

[input]

Company Registration No: [input]

Is the Company a subsidiary of another company? Yes [input] No [input]

If yes, please give details: [input]

[input]

Name of Bank: [input]

Account Name and No: [input]

Address of Bank: [input]

Trade References:

1 Company Name and Address: [input] Contact Name: [input] Fax No: [input]

2 Company Name and Address: [input] Contact Name: [input] Fax No: [input]