

COD/CREDIT* APPLICATION FOR TRADING WITH INTEGRAL SURFACE DESIGNS LTD

BUSINESS CONTACT INFORMATION

| | | | |
|-----------------------------|--|---|--|
| Contact Name | | Date business commenced | |
| Full Trading Name | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Other (Please State) | |
| Phone Fax | | | |
| E-mail | | | |
| Company Registration Number | | | |
| Vat Registration Number | | | |
| Registered Company Address | | | |
| Post Code | | | |

INVOICE & DELIVERY INFORMATION

| | | | |
|------------------------------|--|-------------------------------|--|
| Invoice Address | | Delivery Address if different | |
| How long at current address? | | | |
| Accounts Phone | | Phone | |
| Fax | | Mobile No | |
| Accounts E-mail | | Additional Information | |
| Accounts Contact | | | |

BUSINESS/TRADE REFERENCE

BANK DETAILS

| | | | |
|-----------------|--|----------------|--|
| Company name | | Bank | |
| Address | | Address | |
| Post Code | | Sort Code | |
| Type of account | | Account Number | |

AGREEMENT

1. *All invoices are to be paid end of the month following the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize INTEGRAL SURFACE DESIGNS LTD to make inquiries into the banking and business/trade reference that you have supplied.

SIGNATURES (IF A PARTNERSHIP, BOTH PARTNERS MUST SIGN)

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |