ACCOUNT APPLICATION FORM



Cor	npany Name:				
Full	Address:				
Pos	tcode:				
Telo	ephone Number:				
Em	ail Address:				
Тур	e of Business:				
Cor	npany Reg No:				
Cor	npany VAT No:				
Ma	in Contact:				
Acc	ounts Contact:				
Арр	prox Annual Print Spend	d:£			
Go0 You	All payments will be collected by Direct Debit. We will email you a link from GoCardless after you account has been set up so that you can set up the direct debit. Your bank account will be debited on or shortly after the invoice due date. If you are a large corporation then we can also offer payment by BACS.				
lotes:	TION OF ACCOUNT THA	AT ALL INVOICE	ADE CETTLED	WITHIN 14 DAVC	
•	nt term has been agree			WITHIN 14 DATS	
) OVERDUE INV	OICES WILL BE CHARG	ED 8% ABOVE T	HE STANDARD	BANK OF ENGLAND BASE RATE.	
Signature:			Position:		
Print Name:			Date:		
DIRECTORS GUA	RANTEE				
				s that a Directors Guarantee must be	
			nall Company ι	under the Companies Act i.e those	
vith an annual ti	urnover of £5,600,000 (or less			
lame of Compar	ny applying for a				
redit account:					
Company Registr	ation Number:				
lome Address Li	ne 1:				
lome Address Li	ne 2:				
lome Address Li	ne 3:				
lome Address Li	ne 4:				

Home Telephone: Home Fax:	
To SimplyPrint I confirm that I am a Director of t supply them I hereby guarantee a and I undertake to idemnify you i	he above named company and that in consideration of your continuing to all liabilities of above named company to yourselves howsoever arising immediately on first demand without setoff es, claims, damages, costs and any other indebtedness which may arise.
This guarantee is continuing secu release or indulgence allowed to	rity and primary obligaton which shall not be affected by any waiver, above named company.
Yours faithfully,	
Signature:	
Print Name:	Date:
CREDIT REFERENCES Please supply details of 2 references Business 1	ces for us to speak to. Please complete as much of the detail as possible.
Contact Name	
Company Name:	
Full Address:	
Postcode:	
Telephone Number:	
Email Address:	
Type of Business:	
Business 2 Contact Name	
Company Name:	
Full Address:	
Postcode:	
Telephone Number:	
Email Address:	
Type of Business:	

On receipt of the application, we will perform a credit check.

By applying for an account, you are agreeing to SimplyPrint's Terms and Conditions which can be found here: http://www.simplyprint.com/terms.php

OFFICE USE ONLY		
ACCOUNT AGREED:	SALES CODE:	
DATE:	ACCOUNT CODE:	

Scan and Email to: sales@simplyprint.com or post to office address below

HEAD OFFICE: JAGKU LTD T/A SIMPLYPRINT, 40 BOWLING GREEN LANE, LONDON, ECIR ONE REGISTERED IN ENGLAND NO 07306889