

APPLICATION FOR  
CREDIT TRADING ACCOUNT PLEASE NOTE **MINIMUM MONTHLY SPEND**  
**£250**

COMPANY NAME.....  
TRADING NAME .....  
LIMITED COMPANY / SOLE TRADER / PARTNERSHIP                      REGISTERED NO.....  
REGISTERED OFFICE / OWNERS ADDRESS.....  
.....  
.....

EMAIL ADDRESS (MOST IMPORTANT)  
PLEASE ENCLOSE A COPY OF YOU LETTER HEAD  
TYPE OF BUSINESS.....  
NAME OF CONTACT..... POSITION.....  
TELEPHONE NUMBER INCLUDING STD CODE.....  
FAX NUMBER INCLUDING STD CODE.....  
INVOICE ADDRESS IF DIFFERENT TO ABOVE.....  
.....  
.....

BANKERS NAME .....  
BANKERS ADDRESS.....  
.....  
.....

ACCOUNT NUMBER ..... SORT CODE.....  
ACCOUNT NAME .....

NAME OF TRADE REFERENCE	NAME OF SECOND TRADE REFERENCE
.....	.....
ADDRESS.....	ADDRESS.....
.....	.....
.....	.....
ACCOUNT NUMBER.....	ACCOUNT NUMBER.....

CURRENT CREDIT CARD DETAILS

CARD NUMBER..... START DATE.....  
EXP DATE..... SEC CODE.....  
NAME ON THE CARD.....

SIGNED..... DATE.....

**PLEASE SEND TO :**

**D S COLOUR LABS LTD, UNIT 12 BAMFORD BUSINESS PARK, HIBBERT ST, REDDISH,  
STOCKPORT SK4 1PL. TEL :0161- 474-8680**