



ICS  
 St Catherines Business Complex  
 Broad Lane  
 Leeds  
 LS13 2TD

Phone: 0845 686 0470  
 Fax: 0845 686 0490  
 e-mail: sales@icswww.com

**APPLICATION TO OPEN CREDIT ACCOUNT**  
**ALL SECTIONS OF THIS FORM MUST BE COMPLETED**

I/We understand this application is to open a Credit Account With ICS I/We understand that your Credit Terms are that payment is Due promptly within 30 days from the date of the invoice and that if granted credit I/we agree to pay in accordance with these terms. I/We confirm that the following information is correct and undertake to notify you immediately of any changes. I/We have read and accept the conditions shown overleaf.			DATE ..... SIGNATURE ..... Director / Partner NAME ..... POSITION in COMPANY .....
<b>1. FULL COMPANY NAME AND ADDRESS TO WHERE INVOICES SHOULD BE SENT</b>     POSTCODE ..... Tel:                                      Fax: e-mail: www:	<b>2. COMPANY REGISTRATION No</b> ..... <b>REGISTERED OFFICE ADDRESS (Limited Company) or PRIVATE ADDRESS (Unlimited Business)</b>    POSTCODE ..... Tel:                                      Fax:		
<b>3. GENERAL TRADING ADDRESS IF DIFFERENT FROM ABOVE</b>    POSTCODE ..... TEL: ..... FAX: .....	<b>4. ENGINEERING CONTACTS</b>  PROJECT MANAGER ..... EMAIL .....  SALES MANAGER ..... EMAIL .....		
<b>5. NATURE OF BUSINESS</b>			
<b>6. BUYER</b> e-mail: ..... Tel:                                      Fax:	<b>7. ACCOUNTS CONTACT:</b> ..... e-mail: ..... Tel:                                      Fax:		
<b>8. GIVE NAMES AND ADDRESSES OF 3 COMPANIES SUPPLYING GOODS ON CREDIT WHO MAY BE APPROACHED FOR REFERENCES</b>			
i) .....   POSTCODE ..... TEL: ..... FAX: .....	ii) .....   POSTCODE ..... TEL: ..... FAX: .....	iii) .....   POSTCODE ..... TEL: ..... FAX: .....	
<b>9. PLEASE GIVE THE NAME AND ADDRESS OF YOUR BANKERS</b>		ACCOUNT No:	
POSTCODE		SORT CODE:	
<b>10. PLEASE ATTACH A COPY OF YOUR LETTERHEAD TO THIS APPLICATION</b>			