

DIMPLES ACCOUNT OPENING FORM		AGENT:	DATE:
COMPANY NAME..... ADDRESS..... POST CODE:.....		COMPANY REGISTRATION NO:..... TELEPHONE NO:..... FAX NO:..... HOW LONG IN BUSINESS..... CREDIT LIMIT..... *SOLE TRADER/PARTNERSHIP/LIMITED CO Please tick one	
INVOICE ADDRESS.....		ACCOUNT REF: AREA CODE: % DISCOUNT:% AGREED BY ACCOUNTANT: SIGNATURE:..... DATE:	
PROPRIETORS NAME..... HOME ADDRESS..... TELEPHONE NO.....			
BANKERS NAME AND ADDRESS..... ACCOUNT NUMBER..... SORT CODE NUMBER...../...../.....			
TRADE REFERENCES (NAME & ADDRESS IN FULL, TELEPHONE & FAX NO'S IF AVAILABLE)			
1.		2.	
DATE NO.1 TRADE REF SENT		DATE NO.2 TRADE REF SENT	
AGEN CACA CHEM CHWH DEPT DISC FRAN HDSK HDWH HDWR HOLI MAIL MTWH MULT PRIV RETL WHCC	AGENT CASH AND CARRY CHEMIST CHEMIST WHOLESALERS DEPARTMENT STORE DISCOUNT STORE FRANCHISE HAIRDRESSER HAIRDRESSING WHOLESALERS HAIRDRESSING WHOLESALE AND RETAIL HOLIDAY CENTRE MAIL ORDER MULTI WHOLESALERS MULTI RETAIL PRIVATE RETAIL WHOLESALE CASH AND CARRY SALES CONTACT: ACCOUNTS CONTACT:	<u>ALL SECTIONS ON THIS FORM MUST BE COMPLETED IN ORDER TO SET UP YOUR CUSTOMER CREDIT ACCOUNT</u> <u>CUSTOMERS UNDERTAKING</u> <i>I HAVE READ AND SIGNED THE CONDITIONS OF SALE AND WILL ABIDE BY THEM. ASSUMING CREDIT FACILITIES ARE GRANTED, I HEREBY CONFIRM THAT PAYMENT OF GOODS RECEIVED WILL BE PAID STRICTLY TO YOUR TERMS OF CREDIT, WHICH ARE 30 DAYS FROM INVOICE DATE.</i> SIGNED..... DATE..... PRINT NAME..... STATUS.....	
TERMS AND CONDITIONS/DATE SENT		DATE RETURNED SIGNED	
NOTES:			