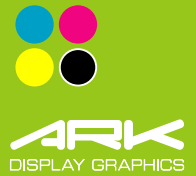


Credit Account Application Form



Personal Details

Email _____

Company Name _____

Address _____

Post code _____

Telephone _____ Fax _____

Sales Contact _____ Accounts Contact _____

Delivery Address _____

Accessibility Van 7.5 ton 18 ton

Opening times for deliveries _____

Company Details

VAT No. _____

Status of Company Ltd. PLC Partnership Sole trader

Name of parent company and/or associated companies (if relevant) _____

Registered Address _____

Year estd. _____ Company Reg No. _____

Monthly credit limit required _____

Trade/Type of business _____

Director _____

Director Contact No. _____

Financial Director _____

Financial Director contact No. _____

Bank Details

Name _____

Address _____

Post Code _____ Account No. _____ Sort Code _____

Trade Reference 1

Name _____

Address _____

Post code _____

Telephone _____ Fax _____

Trade Reference 2

Name _____

Address _____

Post code _____

Telephone _____ Fax _____

PLEASE NOTE THAT OUR CREDIT TERMS ARE STRICTLY 30 DAY E.O.M.

I agree to all the above information being used to assist in the opening of a credit account with Ark Display Graphics. To the best of my knowledge all the information provided is correct. If granting credit facilities with Ark display graphics, I agree to adhere to the standard conditions of sale laid down by Ark display Graphics. If any different arrangements are agreed between all parties, written confirmation is to be signed by a director of both companies.

Name _____ Position _____

Signature _____ Date _____