

CREDIT APPLICATION

QF 3.7 Issue 1 September 2006

IMS LTD , 6 Whittle Road
 Ferndown Industrial Estate
 Wimborne, Dorset, BH21 7RU
 FAX: 0845 1668598



PLEASE RETURN THIS FORM TO IMS ACCOUNTS

Full Trading Name:

Ltd Company Sole Trader Partnership

Ltd Co. Registration No.

Trading Address

 Post Code

Managing Director's Name
 Reg. Office

 Post Code

Telephone No. Fax No.

Post Code

VAT No. How long trading

Telephone No. Fax No.

Type of Business

Annual Sales

Sole Trader or Partnership please complete the following for all Partners (use a separate sheet if necessary)
 If a limited company, please supply a Director's name

Sole Trader/Partner No.1/Director
 Full Name
 Home Address
 Post Code
 Telephone No. Date of Birth.....

Partner No. 2
 Full Name
 Home Address
 Post Code
 Telephone No. Date of Birth.....

Payments Contact
 Department
 Telephone No.
 Fax No.
 2nd Contact Name.....

Bank Reference..... Bank/BS
 Address.....

 Post Code
 A/c No. Sort Code
 Name of Account.....

Trade Reference No. 1
 Name
 Address

 Post Code
 Telephone No.
 Fax No.
 Contact.....

Trade Reference No. 2
 Name
 Address

 Post Code
 Telephone No.
 Fax No.
 Contact.....

Amount of Credit Required £..... per Note: Trade references should be able to speak for a credit figure of this level

In the event that credit is offered, our Trading Terms are 30 days Nett of Invoice Date

I/We agree the credit account facility will be on your stated terms and that adherence to this obligation is the essence of the contract between us.

I/we authorise our bankers to provide a banker's opinion as to our suitability for the above amount.

Signed..... Date.....

Full Name..... Position.....

For and on behalf of.....