Account Application





Please complete this form in block capitals and return it, together with a sample of your company's letterhead, to the address below.

Company name:	Delivery address (if different from invoice address):
Invoice address:	
Postcode:	Postcode:
Are you?	Telephone No.:
Ltd Co. Partnership PLC Sole Trader	
	Fax No.:
Company registration:	Email:
VAT Number:	
How did you hear about us?	Do you wish to:
	Pay by card Open a credit account
	Credit limit required:
Describe your business:	Credit iii i iii required.
Internet reseller Retail outlet Business	Are you a member of a buying group?
Treful Cullet Business	Yes No No
Wholesale Distributor	If yes, please state:
To allow us to fulfill your needs satisfactorily, please indicate v	which areas of Jet Tec you would like further information about:
Recycling scheme Online ordering	Inkjet cartridges
Toner cartridges Official retailer schem	ne POS
Do you require one of our sales representatives to visit you, to	o discuss your needs further?

Account Application





Continuation sheet

Please complete this form and return with the completed account application.

Title:	Title:
Forenames:	Forenames:
Surname:	Surname:
Date of birth:	Date of birth:
Address:	Address:
Town:	Town:
County:	County:
Postcode:	Postcode:
Date appointed: Date resigned:	Date appointed: Date resigned:
For details of further Directors, please indicate on a seperate	piece of paper.
Date of incorporation:	
We have read, understood and retained a copy of your terms and conditions of sale, and agree to trade in accordance with these for any goods supplied.	
Trade reference 1 (only required if opening a credit account):	Trade reference 2 (only required if opening a credit account):
Telephone:	Telephone:
Telephone:	Telephone:
Fax:	Fax:
Fax:	Fax: credit status checks being carried out by Jet Tec International
Fax: In making this application, the directors/partners consent to a	Fax: credit status checks being carried out by Jet Tec International