



APPLICATION TO OPEN A CREDIT ACCOUNT

For the attention of the Financial/Accounts Manager

Please provide the following information if you wish to open a credit account facility with TTC Creative Limited.

Full name of company: .....

Address: .....

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Telephone number: .....

Registration number of company:

Number of years trading:

Name of Financial/Account Manager:

Name of Bankers:

Address of Bankers:

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Trading References (1) .....

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Trading References (2) .....

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Please note that work is undertaken subject to our Terms and Conditions which take precedence over those that may be on your purchase order. All invoices are payable 30 days from the date of the invoice. On payment of the invoice/s in full copyright is then transferred to the client.

*This company wishes to open a credit account facility and agrees to the Terms and Conditions specified by TTC Creative Limited.*

Signed..... Position..... Date.....

*Please return by fax to 020 7138 3818 in order to avoid any delay if you wish to open an account.*

