



**NORCROSS**  
PRINTING GROUP

CREATE

DELETE

AMEND

## APPLICATION TO OPEN AN ACCOUNT

COMPANY NAME:

GENERAL MANAGER:

COMPANY DIRECTORS:

FULL STREET ADDRESS:

FULL POSTAL ADDRESS:

REGISTERED OFFICE:

PAID-UP CAPITAL:

YEARS TRADING:

TELEPHONE:

FACSIMILE:

TRADING BANK:

BRANCH:

COMPANY SOLICITOR: (Name, Address & Telephone)

COMPANY ACCOUNTANTS: (Name, Address & Telephone)

INDUSTRY TYPE:

### TRADE REFERENCES (AT LEAST THREE)

1. COMPANY NAME

TELEPHONE

ADDRESS

2. COMPANY NAME

TELEPHONE

ADDRESS

3. COMPANY NAME

TELEPHONE

ADDRESS

1. ALL GOODS MUST BE PAID FOR IN FULL BY THE 30TH DAY OF EACH MONTH FOLLOWING INVOICE.

2. THE COMPANY RESERVES THE RIGHT TO LIMIT AMOUNTS OF CREDIT AND WITHDRAW MONTHLY CREDIT FACILITIES IF OVERDUE ACCOUNTS ARE NOT SETTLED.

3. TITLE IN ANY GOODS SOLD TO THE CUSTOMER DOES NOT PASS UNTIL FULL PAYMENT HAS BEEN RECEIVED.

4. THE ABOVE NAMED CLIENT GIVES AUTHORISATION TO NORCROSS GROUP OF COMPANIES TO OBTAIN A BANK/CREDIT REFERENCE IF REQUIRED.

I CERTIFY THAT THE INFORMATION IN SUPPORT OF THIS APPLICATION IS CORRECT AND I ACCEPT THAT THE ABOVE CONDITIONS OF CONTRACT SHALL GOVERN ALL DEALINGS WITH NORCROSS GROUP OF COMPANIES.

SIGNATURE:

TITLE:

DATE:

FOR OFFICE USE ONLY

REPRESENTATIVE

PURCHASING OFFICER:

CALL CYCLE:

PRIORITY CODE:

CHECKED BY:

AUTHORISED BY:

DATE: