

**ELECTRONIC READING SYSTEMS LTD
ACCOUNT APPLICATION FORM**

COMPANY NAME:

ADDRESS:

**TELEPHONE NO:
EMAIL:**

**POSTCODE
FAX NO:**

If invoice address different from above:

ADDRESS

TELEPHONE NO:

**POSTCODE
FAX NO:**

CONTACT NAMES

Owner/MD

Accounts

Purchasing

Registered No. and Registered Office Address

No. of Years Trading

CREDIT REQUIRED: £

BANKERS NAME

ADDRESS

Account No

Sort Code

Size of Business

1-25

26-50

51-100

100+

TWO TRADE REFERENCES

COMPANY:

ADDRESS

POSTCODE

Tel No:

COMPANY:

ADDRESS

POSTCODE

Tel No:

We agree to settlement by the 20th of the month following date of invoice and understand and accept the Standard Terms and Conditions of Electronic Reading Systems Ltd. We understand you may authorise a search through credit reference agencies which will keep a record of that search.

Signed

Date:

(Authorised Signatory Only)

Name

Position

Please fax to: ERS Accounts Department 01234 855446 or Email to: mbest@ersltd.co.uk