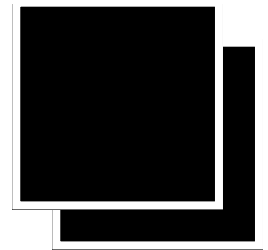


stabur graphics limited

credit account application form



To be completed by any prospective customer wishing to trade on Credit with **stabur** graphics limited (the Company). Please note that completing this form does not guarantee you a Credit Account. The Company reserves the right to accept or decline any Application without giving any explanation. By completing and signing this Form you give the Company the right to follow up on the references provided and to consult any Credit Reference Agency if appropriate. It is the Applicant's responsibility to read and understand the Companies **standard terms & conditions of sale**. These Terms will govern all transactions between the Company and any approved Credit Account.

stabur graphics limited
Deer Park Observatory
Unit 4,
24 Deer Park Road
South Wimbledon
London SW19 3UA

telephone~
020 8254 4200

facsimile~
020 8254 4300

e-mail~
info@stabur.co.uk

web~www.stabur.co.uk

company name:	<table border="1"> <tr> <th colspan="2">company status</th> </tr> <tr> <td>PLC</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Limited</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Firm/Partnership</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sole Trader</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">please tick one</td> </tr> </table>	company status		PLC	<input type="checkbox"/>	Limited	<input type="checkbox"/>	Firm/Partnership	<input type="checkbox"/>	Sole Trader	<input type="checkbox"/>	please tick one	
company status													
PLC		<input type="checkbox"/>											
Limited		<input type="checkbox"/>											
Firm/Partnership	<input type="checkbox"/>												
Sole Trader	<input type="checkbox"/>												
please tick one													
full address: (principle place of business)													
post code:													
telephone:	facsimile:												
managing director or proprietor:													

for limited and PLC companies only...

registered office address:
company registration number:

for all companies...

type of business:
turnover: £
VAT number:
how long established: ___ years ___ months
financial year end: ___ / ___ / ___

bank account name:	account no.:
bankers:	sort code: ___ / ___ / ___
branch address:	

account department contact:	telephone:
position:	facsimile:

monthly credit required: £	average actual payment time (days):
-----------------------------------	--

is your company a member of a group?	yes/no*
if yes: group name:	group turnover: £

I / We request a Credit Facility with **stabur** graphics limited (the Company). I / We have received, read and understand the Companies **standard terms & conditions of sale** and agree that all transactions between us will be governed by those Terms. Specifically I / We agree to pay all Invoices rendered correctly by the Supplier within the stated period. I / we give my / our consent to a credit search being made on me / us as owner / partner or director of this organization both now & at any future date. I / we understand this search will be recorded by the agency & may be disclosed to subsequent enquirers

signed.....on(date).....

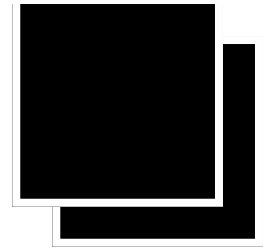
print name.....position.....

Director~Mr J.K.Burnell

VAT Number~562959889

Registered in England and
Wales Number~2622598

stabur graphics limited



Please provide two Trade References who have at least two years' experience of trading with you. By signing this Application you give us your explicit consent to our contacting your referees. Do not give names of firms or companies associated by commonality of family, shareholders or directors. These are unacceptable, as are Public Utilities and Government Bodies.

trade reference 1	trade reference 2
company name: address:	company name: address:
telephone: facsimile: contact name:	telephone: facsimile: contact name:

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info@stabur.co.uk

web~www.stabur.co.uk

Partnerships & Sole Traders must provide Home Addresses of all Principals in the Firm, because they are jointly and severally liable for any indebtedness incurred by the Firm.

partner name:
home address:
postcode: home telephone:

partner name:
home address:
postcode: home telephone:

partner name:
home address:
postcode: home telephone:

partner name:
home address:
postcode: home telephone:

partner name:
home address:
postcode: home telephone:

Director~Mr J.K.Burnell
VAT Number~562959889
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Wales Number~2622598

Please continue on the reverse of this sheet if necessary.