



re:creation

****PLEASE NOTE, OUR TERMS ARE STRICTLY 30 DAYS FROM DATE OF INVOICE****

ACCOUNT OPENING FORM

'Legal' name: _____

Trading as (if different): _____

Registered address
(inc. postcode): _____

Trading address: _____

VAT No: _____

Company registration number: _____ Phone: _____

Fax: _____ e-mail: _____

Proprietor/s (if **not** limited Company): _____

Contact name(s): _____

Type of account required (i.e. credit or pro-forma): _____

Bank name: _____ Sort code: _____

Account number: _____ Branch: _____

I confirm that, on behalf of the business named above, I would like to open a credit account with re:creation Group Plc and that I have read and accepted re:creation's standard terms of sale

Signed by: _____ Name (print): _____

Position: _____ Date: _____

How did you hear about re:creation?

Agent Internet/website Trade Fair Other (specify) _____

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