

APPLICATION TO OPEN A TRADING ACCOUNT



BSRIA Instrument Solutions

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PLEASE COMPLETE ALL IN CAPITALS

SECTION 1 COMPANY DETAILS

COMPANY NAME _____

ORDER OR COMPANY LETTER HEADED PAPER ATTACHED YES [] NO [] (See below. Please tick as appropriate)

If the following requested information is shown on your companies order / letter headed paper then please attach a copy to this form and complete details where applicable. Alternatively complete in full all the sections of this form.

ADDRESS _____

POST CODE _____ COUNTRY (If outside of UK) _____

TEL'. No. _____ ACCOUNTS TEL No. (If different from main number) _____

ACCOUNTS E-MAIL ADDRESS _____ ACCOUNTS FAX No. _____

DOES THE COMPANY ACCEPT ELECTRONIC INVOICING YES / NO (Please delete as applicable)

SECTION 2 COMPANY REGISTRATION DETAILS (Please complete Company registered office details below)

REGISTERED NUMBER & COUNTRY. No. _____ COUNTRY _____

COMPANY VAT REG'. No. (EU countries only) _____

NAMES OF PARTNERS (Unlimited only) _____

SECTION 3 BACKGROUND INFORMATION

How did you hear of BSRIA Instrument Solutions? (See Below. Please tick as appropriate)

Advert () Editorial () Exhibition () Marketing () Web site () Representative () Other

SECTION 4 ACKNOWLEDGEMENT

PLEASE SIGN BELOW THAT YOU ACKNOWLEDGE THE SETTLEMENT TERMS APPLICABLE FOR BSRIA INSTRUMENT SOLUTIONS INVOICES ARE STRICTLY 30 DAYS FROM THE INVOICE DATE, AND ACCEPTANCE OF OUR TERMS AND CONDITIONS WHICH ARE AVAILABLE AT www.bis.fm OR ON REQUEST.

SIGNATURE _____ POSITION _____

NAME (Capitals) _____ DATE _____

For BSRIA Instrument Solutions Use only		Customer type No.	_____
Sales initials	_____	Ref. Requested (tick as applic')	No [<input type="checkbox"/>] Yes [<input type="checkbox"/>]
Account initials	_____	Credit limit (£)	_____

