



CREDIT ACCOUNT FORM

Please return when complete

020 7253 2756

email: sales@copyexpress.co.uk

www.copyexpress.co.uk

No job too small, no job too large

Company name: _____

Invoice address: _____

Finance Director: _____

Tel. no. _____ Fax. or email: _____

Company registration no. _____

Registered office: _____

Bank: _____ Sort code: _____

Account name and number: _____

Approx. credit per month £ _____

Two Credit references will be required:

Name 1. _____

Address: _____

Name 2. _____

Address: _____

Our terms of credit are 30 days from date of invoice. We are happy to accept: Cash, BACS, all major Credit & Debit cards including AMEX plus Contactless & Apple Pay. Minimum invoice amount is £10. Full terms & conditions on website.

Registered in England and Wales, Company Number: 03102949

Registered Office: Peckham Levels, Unit 602B (Level 6) 95A Rye Lane, London SE15 4ST