W

Credit

Waterstones

form with you	r all of the folio r application. Pl	wing que ease no	estions an te we regt	d enclose a lire cleared t	copy or your of funds for vour	company initial or	der to be	ad or a cop e despatche	ed, unless author	iy's official pu ised by the fin	ance team.
Company nan					, ,				,		
Trading addre	ess:										
(all invoices/corres sent here)											
Telephone:								Fax:			
Accounts con	tact:										
Telephone:								Fax:			
Email:											
Registered no.:											
Registered Charity no.:											
Local Authority: Y/N											
Please state which one:											
Nature of business:											
Proposed use of vouchers: (Delete where appropriate)		Incentive / Promotion / Gift Re-sale* / Insurance replacement* Other (pi				e specify):					
* Subject to Waterstones corporate gift voucher terms and conditions.											
Please state your expected monthly expenditure with Waterstones:											
How would you (we will respond w	ly?	Email:			Post:						
I understand that payment is due within 30 days of date of invoice. By signing this I agree to Waterstones terms and conditions. I also agree that the information I have supplied may be used for credit referencing purposes.											
Signature:					Date:						