



ACCOUNT OPENING APPLICATION

Please complete the form in black ink and using capitals

SECTION ONE - COMPANY DETAILS

PAGE 1

COMPANY NAME *

TRADING ADDRESS *

POST CODE

REG. OFFICE ADDRESS *

NATURE OF BUSINESS

* IF SOLE TRADER OR PARTNERSHIP FULL NAMES & ADDRESS OF INDIVIDUALS

COMPANY DETAILS

MAIN TEL No.

MAIN FAX No.

www.

COMPANY REG. No.

VAT No.

COPY OF VAT CERTIFICATE INCLUDED

YES

NO

SECTION TWO - FINANCE ACCOUNTS DETAILS

ACCOUNTS PAYABLE CONTACT

NAME

POSITION

EMAIL

ADDRESS

ACCOUNTS INVOICING ADDRESS INFORMATION - IF DIFFERENT FROM ABOVE

STATEMENTS TO BE SENT BY

EMAIL

FAX

POST

IF POST - ADDRESS IF DIFFERENT TO ABOVE

Please complete the form in black ink and using capitals

SECTION TWO - FINANCE ACCOUNTS DETAILS - CONTINUED

PAGE 2

Normal billing GBP

FORECAST MONTHLY PURCHASING CREDIT LIMIT REQUESTED CURRENCY £ E \$ US

COMMERCIAL REFERENCES (PLEASE SUPPLY TWO)

1.
2.

PLEASE ENSURE YOU HAVE YOU READ AND UNDERSTOOD OUR TERMS AND CONDITIONS

SECTION THREE - LOGISTICS / PURCHASING

PURCHASING	CONTACT NAME	EMAIL
	CONTACT TEL. No.	
LOGISTICS	CONTACT NAME	EMAIL
	CONTACT TEL. No.	
SALES	CONTACT NAME	EMAIL
	CONTACT TEL. No.	

DELIVERY ADDRESS - IF MULTIPLE DELIVERY ADDRESSES, PLEASE PROVIDE THE DETAILS IN THIS SECTION FOR EACH

<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 400px; height: 20px;" type="text"/>
<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 400px; height: 20px;" type="text"/>
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<input style="width: 400px; height: 20px;" type="text"/>	<input style="width: 400px; height: 20px;" type="text"/>

POST CODE	TEL:	POST CODE	TEL:
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IF OWN COURIER PLEASE SUPPLY ALL OF THE FOLLOWING INFORMATION

COURIER NAME	CONTACT No.
ACCOUNT No.	SERVICE REQUIRED

CONDITIONS OF GRANTING CREDIT ACCEPTED BY THE APPLICANT

All invoices are nett, including VAT charged at the appropriate rate. Credit is granted only in accordance with any restrictions placed upon this account. Credit may be stopped if the account exceeds the agreed credit limit, or falls into arrears and further action may be taken at Reactive's discretion. It is understood that Reactive, may contact the referees provided for information and that the account may not be opened until satisfactory references have been received. We are aware that 'Title to Goods' only passes upon full payment.

All credit facilities, purchase orders and sales are subject to Reactive's standard Terms and Conditions of sale, a copy of which is attached. These are subject to change without prior notification.

On behalf of the Applicant, I/we understand and accept the Terms and Conditions, and state that I am duly authorised by the above Company to sign this Application and give the following warranty.

WARRANTY

In consideration of the granting of credit facilities I/we agree to make settlement of account in accordance with Reactive's standard Terms and Conditions. I/we understand and accept that should payment not be received for the total outstanding amount within the agreed payment period, that Solid State Disks Ltd reserve the right to make a monthly 2% surcharge on the outstanding balance pending other action.

SIGNATURE

PRINT NAME

POSITION (DIRECTOR OR FINANCE MANAGER ONLY)

DATE

PLEASE RETURN TOGETHER WITH A COPY OF YOUR COMPANY LETTERHEAD

Solid State Disks LTD
The Granary
Hose Hill
Sulhamstead
Berks
RG7 4BB
United Kingdom
Tel: +44 (0) 1189 323499
Fax: +44 (0) 1189 323510
e-mail:
sales@reactivegroup.com
repairs@reactivegroup.com

Please complete the form in black ink and using capitals

SECTION FIVE - OFFICE USE ONLY

PAGE 4

ACC MGR	PRICING MATRIX	ACTION BY <input type="checkbox"/>
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PAYMENT TERMS	<input type="checkbox"/>
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TRADING CURRENCY	<input type="checkbox"/>
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DELIVERY METHOD	<input type="checkbox"/>
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EXEMPT FROM DELIVERY CHARGES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AUTHORISED BY: <input type="text"/>
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CREDIT LIMIT	<input type="text"/>
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D&B	<input type="checkbox"/> A/C OPENED
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SIGNED CORRECTLY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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DEFAULT COURIER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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DEFAULT SERVICE LEVEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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COURIER DELIVERY ZONE	
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SALES LOCATION	INT <input type="checkbox"/> COMMERCIAL
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SPECIAL PRICING AGREEMENTS	
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LOGISTICS DEPARTMENT INFORMATION

GOODS IN	
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DOES ORDER NEED BOOKING IN BEFORE DELIVERY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NEXT DAY <input type="checkbox"/>	2-3 DAYS <input type="checkbox"/>
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IF YES PLEASE SUPPLY - CONTACT NAME	TEL No.
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ADDRESS	
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EMAIL	
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RESELLER DO YOU REQUIRE PLAIN PACKAGING DELIVERY	YES <input type="checkbox"/>	<input type="checkbox"/> NO
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Please complete the form in black ink and using capitals

LOGISTICS DEPARTMENT INFORMATION - CONTINUED

PAGE 5

SPECIAL PACKAGING REQUIRED?

YES

NO

IF YES PLEASE STATE

SPECIAL DELIVERY REQUIREMENTS

YES

NO

IF YES PLEASE STATE

SPECIAL LABELLING SKU'S P/P

YES

NO

IF YES PLEASE STATE

PART DELIVERIES

YES

NO

RMA/TECHNICAL DEPARTMENT INFORMATION

RETURNS/TECHNICAL CONTACT

TEL No.

EMAIL ADDRESS

HOW DO YOU INTEND TO SEND THE RMA REQUEST FAX EMAIL PHONE

IS RMA ONE ITEM IN BULK

DOES CUSTOMER HAVE CENTRAL WAREHOUSE

YES

NO

IF YES PLEASE SUPPLY ADDRESS

DOES STOCK HAVE TO BE BOOKED IN?

YES

NO

SHOULD RMA BE RETURNED VIA INDIVIDUAL STORES? YES NO

DO YOU REQUIRE REPLACEMENT/REPAIR CREDIT SERVICE

INFORMATION REGARDING IN T'S & C'S REGARDING RETURNS YES NO

IF YES PLEASE STATE