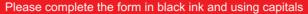


# ACCOUNT OPENING APPLICATION







**SECTION ONE - COMPANY DETAILS** 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 NO YES **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 MON	THLY PURCHASING CREDIT LIMI	T 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 ADDR	ESS - IF MULTIPLE DELIVERY ADDRESSES, PLE	EASE PROVIDE THE DETAILS IN THIS SECTION FOR EACH			
POST CODE	TEL:	POST CODE TEL:			
IF OWN COURIER PLEASE SUPPLY ALL OF THE FOLLOWING INFORMATION					
COURIER NAME		CONTACT No.			
ACCOUNT No.		SERVICE REQUIRED			





#### **SECTION FOUR - ACCEPTANCE**

PAGE 3

#### 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 32349

Tel: +44 (0) 1189 323499 Fax: +44 (0) 1189 323510

e-mail:

sales@reactivegroup.com repairs@reactivegroup.com



RESELLER DO YOU REQUIRE PLAIN PACKAGING DELIVERY YES

# Please complete the form in black ink and using capitals **SECTION FIVE - OFFICE USE ONLY ACTION BY** ACC MGR PRICING MATRIX PAYMENT TERMS TRADING CURRENCY **DELIVERY METHOD EXEMPT FROM DELIVERY CHARGES** YES AUTHORISED BY: NO **CREDIT LIMIT** D&B A/C OPENED SIGNED CORRECTLY YES NO **DEFAULT COURIER** YES NO **DEFAULT SERVICE LEVEL** YES NO **COURIER DELIVERY ZONE** COMMERCIAL SALES LOCATION INT SPECIAL PRICING AGREEMENTS LOGISTICS DEPARTMENT INFORMATION **GOODS IN** DOES ORDER NEED BOOKING IN BEFORE DELIVERY YES NO NEXT DAY 2-3 DAYS IF YES PLEASE SUPPLY - CONTACT NAME TEL No. **ADDRESS EMAIL**

NO



## 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			
HOW DO YOU INTEND TO SEND THE RMA REQUEST SRMA ONE ITEM IN BULK	FAX EMAIL	. PHONE			
	FAX EMAIL	PHONE  NO			
IS RMA ONE ITEM IN BULK					
IS RMA ONE ITEM IN BULK  DOES CUSTOMER HAVE CENTRAL WAREHOUSE					
IS RMA ONE ITEM IN BULK  DOES CUSTOMER HAVE CENTRAL WAREHOUSE					
IS RMA ONE ITEM IN BULK  DOES CUSTOMER HAVE CENTRAL WAREHOUSE  IF YES PLEASE SUPPLY ADDRESS	YES	NO			
IS RMA ONE ITEM IN BULK  DOES CUSTOMER HAVE CENTRAL WAREHOUSE  IF YES PLEASE SUPPLY ADDRESS	YES YES	NO			
IS RMA ONE ITEM IN BULK  DOES CUSTOMER HAVE CENTRAL WAREHOUSE  IF YES PLEASE SUPPLY ADDRESS  DOES STOCK HAVE TO BE BOOKED IN?	YES YES				

IF YES PLEASE STATE