



for
Labels Signs and Badges

Application to open an account:

Business Name: _____

Address: _____

Post Code: _____

Tel: _____ Fax: _____

Email: _____ Web Page: _____

Main contact name: _____ Accounts contact name: _____

Credit Requested (£): _____

Please provide the names and addresses of two trade references

Is your business a (please tick) Limited Company Sole Trader Partnership

If a Limited Company please provide your Registration number: _____ and sign at the end of this form.

If your business is a Limited Company please sign here and return via fax or post with a copy of your letter headed paper.

Sign: _____ Full Name: _____

Position in Company: _____ Date: _____

**Gibson Plus
158 Movilla Road, Newtownards,
Co. Down, BT23 8RL**



(Telephone:) 028 9181 8801

(Fax:) 028 9181 8802

(E-Mail:) Post@Gibsonplus.co.uk

Owned & Managed by: Brian & Jacqui Gibson

VAT REG NO: 574 9120 26

