



Cartridge Clinic
370 Malden Road
Worcester Park
KT4 7NW

Tel: 020 8330 6103
Fax: 020 8337 8405

CREDIT ACCOUNT APPLICATION

SECTION A Company Details

1. What is the full registration name of your company _____
- 1A. What is the trading name of your company _____
2. What is the full trading address of your company _____

3. Telephone No. (_____) _____
4. Facsimile No. (_____) _____
5. What is your company's registration number _____
6. What is your company's VAT number _____
7. Date commenced trading _____
8. What is your company's legal status: Limited Company Partnership Sole Trader
9. If Partnership or Sole Trader please supply name(s) and home address(es) of principle(s)

10. Who is responsible for payment of accounts _____
11. Who is responsible for purchasing _____
12. Bank Account details: Name of Account _____
Bank Name _____ Address _____
Sort Code _____ Account No. _____

SECTION B Trade References

- | | |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____
_____ | Address _____
_____ |
| Telephone _____ | Telephone _____ |
| Contact _____ | Contact _____ |

SECTION C Submitter's Details

I hereby agree to accept and be bound by Cartridge Clinic's terms and conditions of trading. (See over)
Payment terms are 14 days from date of invoice.

1. What is your name _____
2. What is your job title _____
3. Customer signature _____ Date _____

Please return the completed form to the above address. If this form is faxed please ensure the original is returned by post.

CARTRIDGE CLINIC
TERMS & CONDITIONS OF TRADE

PRICES

All our prices are INCLUSIVE of Value Added Tax and at the rate ruling at the relevant tax point.

WARRANTY

Cartridge Clinic uses only the highest quality imaging supplies and guarantees that cartridges refilled by us will perform as well as the original manufacturers supplies under similar conditions. If you are dissatisfied with results of any of our refilled/remanufactured cartridges, please return the cartridge together with a test print and Cartridge Clinic will either repair the faulty cartridge, credit the full amount against a new cartridge or provide a full refund in exchange for the faulty cartridge.

In the unlikely event of a claim that a cartridge refilled by Cartridge Clinic caused damage to the printing mechanism of your equipment, please obtain a written statement from the equipment manufacturer stating how the Cartridge Clinic refilled/remanufactured cartridge was responsible for the said damage. Send this statement and the service invoice to us and Cartridge Clinic will reimburse the full amount of the repair charge for any such valid claim.

MONTHLY CREDIT ACCOUNT

To open a credit account we require the full completion of the Credit Account Application form. This must include references from two companies with whom you have credit facilities and the name and address of your bank with account number. Upon receipt of satisfactory references an account will be opened.

Unless otherwise stated, our terms are net and payment is due 30 days from the date of the invoice.

RETENTION OF OWNERSHIP

The title of the goods is reserved by Cartridge Clinic until payment of the purchase price is made in full. Until payment in full is received the buyer must permit Cartridge Clinic or their agents to enter the Buyers premises to re-possess the goods. Responsibility for maintenance and insurance passes to the Buyer upon receipt of the goods.

CLAIMS & ERRORS

If a package is received damaged, or there are shortages, the packing and the outer wrapping must be retained, and the carrier, or Post Office, must be informed within 3 days.