

Please return completed to: Export Department, ChinaSignDepot.com  
 Louxiachen Maimianqiao, Wangtong Road, Ningbo-315171, Zhejiang, China

INTERNAL OFFICE USE ONLY

## Please Complete Using Block Capitals

Full Trading name:

Address for Invoices/Statements:

Postcode

Person Responsible for Purchase Orders:

Tel:

Fax:

Email:

Delivery Address (if different):

Postcode

Person Responsible for Import/Deliveries:

Tel:

Fax:

Email:

## Import Experience in China

Sort Code:

Account No:

Postcode

## Two Trade referees ( companies you deal with regularly)

Name and Address:

Postcode

Tel:

Fax:

Email:

Name and Address:

Postcode

Tel:

Fax:

Email:

## Your Business Structure

Partnership Sole Ownership Limited Company 

Company Registration Number:

Registered Office Address:

## Maturity of Business

Age of Business:

Annual Sales: Under \$100,000  \$100,000 to \$1million  \$1million to \$5million  Over \$5million No of Employees: 1 to 9  10 to 49  50 to 99  100 and over 

## Monthly Import

Monthly Import Required:

## Your Organisation

Type of Business:

Partnership Sole Ownership Limited Company **Terms for Payment** Order to be processed on a pro-forma basis**We post an invoice to you shortly after the dispatch of goods which is due for customs clearance.**

Please double check that you have completed all details on this form to avoid delays in processing your application.

## Declaration

I have agreed to your terms of payment.

Authorised Signature:

Position:

Print Name:

Date: