



**RGS ReproGraphic Solutions Pte Ltd**

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**ReproGraphic Solutions**  
*A Member of the RGS Group of Companies*

Singapore | Las Vegas

***OPEN AN ACCOUNT FORM***

**COMPANY DETAILS:**

FULL COMPANY NAME:

BILLING ADDRESS:

POSTAL CODE:  CITY/COUNTRY:

TEL:  FAX:

NAME OF ACCOUNTS PERSONNEL IN CHARGE:  TEL:  EMAIL:

SHIPPING ADDRESS:   
(IF DIFFERENT FROM BILLING ADDRESS)

POSTAL CODE:  CITY/COUNTRY:

TEL:  FAX:

CONTACT NAME:  TEL:  EMAIL:

PROJECT NAME/NO:

ESTIMATED MONTHLY SPEND:

RGS REPROGRAPHIC SOLUTIONS PTE LTD TERMS & CONDITIONS: NET 30 DAYS FROM DATE OF INVOICE  
I HAVE AGREED TO ABIDE BY THE TERMS & CONDITIONS SET FORTH BY RGS REPROGRAPHIC SOLUTIONS PTE LTD

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(BLOCK CAPITALS)

POSITION IN COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_