

Credit Account Application Form

FILMPLUS

77-81 Scrubs Lane
London
NW10 6QW
Tel: 020 8969 0234
Fax: 020 8969 0567
info@filmplus.com

Full Trading Name: _____

Address: _____

Company reg. no. _____

Telephone/Mobile: _____

eMail: _____

Fax _____

Contact (order) _____

Contact (accounts) _____

Registered Office
(if different from above) _____

Bankers: _____

Bankers Address: _____

Name of referees: _____

Telephone Number: _____

Fax Number: _____

Estimated spending per month: _____

Credit terms are strictly 30 days from invoice. Film Plus LLP Terms And Conditions Apply

Signed: _____

Print: _____

Position Held: _____

Date: _____