

Credit Card 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: _____

Credit Card Number: _____

Type of Credit Card: _____

Start Date: _____

Expiry Date: _____

Security Code: _____

Terms: Payment with order by credit card on collection. Late returns and missing items will be charged to the above credit card

I have read Film Plus Terms and Conditions of hire

I will bring with me proof of I.D. (passport or divers license) and recent utility bill or bank statement or a purchase/hire order form on official headed paper with my first order

Signed: _____

Print: _____

Position Held: _____

Date: _____