



# FILM PLUS & LOFT STUDIOS

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## CREDIT ACCOUNT APPLICATION FORM

### BUSINESS

#### Contact

Full Trading Name \_\_\_\_\_

Trading Address \_\_\_\_\_  
\_\_\_\_\_

Company Reg. No. \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Commencement Date \_\_\_\_\_

Business Area \_\_\_\_\_

Business Type  PLC  LTD  Partnership  Sole Trader

VAT Number \_\_\_\_\_

Payment Contact \_\_\_\_\_

Address of Payment Contact \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

#### Name and Address of Partners/Directors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Trade References

You should have traded with these companies in the last six months. Ensure you select suppliers who have extended credit to you of a similar amount and nature to that which you require with Filmplus.

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Reference \_\_\_\_\_

Credit Limit \_\_\_\_\_

Terms \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Reference \_\_\_\_\_

Credit Limit \_\_\_\_\_

Terms \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

#### Signatures

Credit terms are strictly 30 days from the invoice. Film Plus LLP Terms and Conditions apply. By submitting this application you authorise Film Plus LLP to make enquiries into the banking and trade references you have supplied. Cheques made payable to "Filmplus LLP".

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

#### Credit Information

Registered Office Address \_\_\_\_\_  
\_\_\_\_\_

Company Reg. No. \_\_\_\_\_

Incorporation Date \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_

Bank Address \_\_\_\_\_  
\_\_\_\_\_