

FVS ACCOUNT APPLICATION FORM

Please send or fax Company Letterhead

To open a Cash / Cheque or Credit Card CCTV Traders Account please complete the following and delete the next line requesting a Credit Limit.

If a Credit Account is required then indicate requested Credit limit £.....

Company Name

.....

Trading Style/Address

.....

.....

Statement Address

.....

.....

Telephone No.

Mobile No.

Fax No.

Registered Office

.....

Co. Registration No.

VAT Number

Date Established

Share Capital - Paid Up £

Names of Main Directors

1) Responsible for

2) Responsible for

3) Responsible for

Bankers Name

Sort Code

Address

.....

Account Name & No.

.....

If trading in a personal capacity or as an unlimited Company also complete below

Trading Name

.....

Trading Address

.....

VAT Number

.....

Personal Names

1)

2)

Home Address 1)

.....

.....

Tel. No.

.....

Mobile

.....

Home Address 2)

.....

.....

Tel. No.

.....

Mobile

.....

Signature of Director/Proprietor

..... (please print and mail form)

Name

..... for Credit Accounts only)

Date

.....

NOTE : Credit account facilities are only available to Companies or organisations purchasing goods from us on a regular basis. Credit Account payment terms are net by end of month following the date of the invoice at the latest.

FVS