



**Lightning Media Ltd: Unit 27 Silicon Business Centre,
28 Wadsworth Road, Perivale UB6 7JZ**

Hire: 020 8998 9911 **Sales:** 020 8998 9977 **Mobiles:** 07966100600;07971553053
Email: mike@lightningmedia.co.uk **Web:** www.lightningmedia.co.uk

APPLICATION FOR A CREDIT ACCOUNT FOR COMPANY

1. Please answer ALL questions (IN BLOCK CAPITALS)
2. Please attach a sample of the following with your application
 - Letterhead with request to open a credit account with your Signature and name
 - Purchase order
 - Insurance Cover Policy.
 - Invoice form another UK hire company
 - Correspondence from inland revenue or local council
 - Utility Bill eg gas-electricity-water-mobile or television

| | |
|-----------------------------|------------------|
| Applicants Name | |
| Position. | |
| Telephone No. | |
| Mobile No. | |
| Fax No. | |
| Full Trading Name | |
| Full Address | |
| Full Address | |
| Postcode | |
| E-mail | |
| Nature of Business | |
| Company Registration Number | Vat Number |
| Company Registration Date | |
| Credit Required | £..... per month |

Payment terms: STRICTLY 30 DAYS FROM OUR INVOICE DATE

BANK REFERECES:

| | |
|-----------------|--|
| Name of Bank | |
| Address of Bank | |
| Postcode | |
| Contact Name | |
| Phone No. | |
| Fax No. | |
| Account No. | |
| Sort Code | |
| | |

PLEASE PROVIDE THREE ADDITIONAL REFERENCES:

| | |
|-------------------|--|
| Trade Reference 1 | |
| Account Number | |
| Address | |
| Postcode | |
| Phone No. | |
| Fax No. | |
| Contact Name | |

| | |
|---|--|
| | |
| Trade Reference 2 | |
| Account Number | |
| Address | |
| Postcode | |
| Phone No. | |
| Fax No. | |
| Contact Name | |
| | |
| Trade Reference 3 | |
| Account Number | |
| Address | |
| Postcode | |
| Phone No. | |
| Fax No. | |
| Contact Name | |
| | |
| DIRECTORS DETAILS | |
| Name | |
| Home Address | |
| Home Address | |
| Home Phone No. | |
| Mobile No | |
| DIRECTORS DETAILS | |
| Name | |
| Home Address | |
| Home Address | |
| Home Phone No. | |
| Mobile No | |
| PAYMENT OPTI ONS | |
| 30 day Credit account · <i>Please Note: Strictly 30 day limit or your Credit facility will be withdrawn</i> | |
| Bank Transfer or cash on delivery · | |
| <p>If your application is successful, you will be notified and sent your account number by e-mail. This account number must then be quoted on all future orders and payments.</p> <p><u>Please note:</u> Account applications take time to process as all documentation presented to us will be checked and verified fully.</p> <p>Should any of the details above change in future please notify us by email at the address above.</p> | |

DECLARATION BY APPLICANT SEEKING CREDIT

1) I am duly authorized by the applicants business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon.

We recognize that if payment of your invoices is not made by the due date for payment, it may result in The matter being referred to the legal team for recovery of the invoice debt: if so, we agree to indemnify you against the costs you incur in referring the matter to pursue the debt including current applicable fees for writing to us and commission payable by you to all reasonable incidental costs of recovering the debt and interest as applicable,

2) I understand that you may authorize a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses, it/they may also make enquiries about the directors/partners as applicable

3) I authorize our bankers and references given to provide an opinion as to our suitability for the requested account.

Name (Please print).....Signature.....

Position.....Date...

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