

APPLICATION TO OPEN A CREDIT ACCOUNT

COMPANY NAME:			
ADDRESS:		DELIVERY ADDRESS (IF DIFFERENT)	
POST CODE	TEL NO:	POST CODE	TEL NO
CONTACT	POSITION	FINANCIAL DIRECTOR	
NUMBER OF YEARS TRADING	REGISTRATION NUMBER VAT NUMBER		NUMBER OF EMPLOYEES
BANKERS REF 1	NAME & ADDRESS		SORT CODE
			ACCOUNT NO
	POSTCODE	TEL NO	CONTACT
TRADE REF 1	NAME AND ADDRESS		
	POST CODE		
	TEL NO	FAX NO	CONTACT
TRADE REF 2	NAME AND ADDRESS		
	POST CODE		
	TEL NO	FAX NO	CONTACT
Sight Systems Ltd Woods Way Worthing West Sussex BN12 4QU Tel 01903 242001 Fax 01903 504494 www.sightsystems.co.uk		ACL USE ONLY Account Opened Y/N Date Limit £5000.00 to be adjusted accordingly APPROVED 1 2 3	

Dear

Would you please complete the consent form below so that we may obtain a reference from your bank to be able to open an account on your behalf. (At this time credit reference up to £5000 required).

CONSENT

I/We

.....consent to

..... Bank Plc. providing a reference to SIGHT SYSTEMS LIMITED on this occasion and at any time in the future.

Signed.....

Date

For and on behalf of :

.....

Yours faithfully
SIGHT SYSTEMS LIMITED

Carol Chuter
Credit Controller