



London Light Production Services Ltd

## Credit Account Application Form

London Light offers Credit Accounts (subject to status) to companies, partnerships and individuals.

**Please complete all sections for both credit and cash accounts.  
Terms and conditions must be signed on all account application forms.**

Completed forms should be signed and returned to either:

London Light Production Services Ltd  
Unit 4 Devonshire Court  
Victoria Road  
Feltham  
Middlesex  
TW13 7LU

Or:

[accounts@london-light.com](mailto:accounts@london-light.com)

If you have any queries regarding this form please contact us on 0845 094 3049

## 1. TRADING DETAILS

Trading Name:	_____	Telephone No:	_____
Address:	_____	Fax No:	_____
(inc postcode)	_____	E-mail:	_____
	_____	Web address:	_____

## 2. DELIVERY ADDRESS

Name:	_____	Telephone No:	_____
Address:	_____		
(inc postcode)	_____		

## 3. BUSINESS / OWNERSHIP DETAILS

Status:            Sole Proprietor   Partnership   Limited Company   Other, specify \_\_\_\_\_

If the business is a Company or Charity, please give:

Company Name:	_____	Registered address:	_____
Registered Number:	_____		
Date Incorporated:	_____		

If the business is part of a Group, please give the following details of the ultimate Parent Company:

Company Name:	_____	Registered address:	_____
Registered Number:	_____		
Date Incorporated:	_____		

Please state:

Time trading:	_____ years _____ months	VAT Number:	_____
Required monthly credit limit:	£ _____		

Please provide names and home addresses of all Proprietors or Partners:

1. Name:	_____	2. Name:	_____
Address:	_____	Address:	_____
Home phone:	_____	Home phone:	_____
3. Name:	_____	4. Name:	_____
Address:	_____	Address:	_____
Home phone:	_____	Home phone:	_____

## 4. INVOICE ADDRESS

Address:	_____
(inc postcode)	_____
	_____
	_____

## 5. TRADE REFERENCES

We require the names of two companies with which you are trading on credit terms, preferably in the UK. If you are a new company please proceed to section 6.

1. Company name: _____	2. Company name: _____
Contact name: _____	Contact name: _____
Address: _____	Address: _____
_____	_____
_____	_____
Telephone No: _____	Telephone No: _____
Years trading together: _____	Years trading together: _____
Credit limit: £ _____	Credit limit: £ _____

## 6. CONTACT INFORMATION

We would be grateful if you could provide us with the following information:

Purchaser:

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Accounts Payable:

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Opening Hours: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Where did you hear about us? Please tick one of the following:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Word of Mouth         | <input type="checkbox"/> Magazine (specify below)   | <input type="checkbox"/> Sales Rep (specify below)     |
| <input type="checkbox"/> Manufacturer Referral | <input type="checkbox"/> Website Ad (specify below) | <input type="checkbox"/> Search Engine (specify below) |
| <input type="checkbox"/> Mailshot              | <input type="checkbox"/> E-mailshot                 | <input type="checkbox"/> Exhibition                    |

Please specify: \_\_\_\_\_

The undersigned hereby certifies that they have read and agree to the attached Terms & Conditions of Business.  
The undersigned certifies that the information submitted is true & correct.  
The undersigned must be authorised to do so by the Company (i.e. a Company Director)

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

For and on behalf of (company name): \_\_\_\_\_