



Blackout Limited
280 Western Road
London
SW19 2QA

Tel: 020 8687 8400
Fax: 020 8687 8500

APPLICATION FOR CREDIT ACCOUNT

Company Name
Trading As
Company Reg No. Date Established
Address Proprietor
..... Tel No.
..... Fax No.
Post Code VAT Reg. No.
Anticipated amount of credit required per month £..... (mandatory field)

REFERENCES

Please provide two trade references from an associated industry with whom you have traded for at least two years:

.....
.....
.....
Post Code Post Code
Telephone..... Telephone.....
Fax..... Fax.....

We agree to abide by the terms of credit and conditions of Hire and Sale of Blackout Limited under which payment of accounts are due 30 days from invoice date. Terms and Conditions are available on our website www.Blackout-Ltd.com

Signed as an Authorised officer of the business.
Name (please print) Position
Date Account Office Contact.....

Office Use Only	
Authorised signature:	Date:
Account Number:	Credit Limit: