



Blackout Limited
280 Western Road
London
SW19 2QA

Tel: 020 8687 8400
Fax: 020 8687 8500

BANK STATUS ENQUIRY

(Please complete both sections on this enquiry and return to Blackout Limited with your Application for Credit)

The Manager

.....Bank

.....Branch

.....

.....

.....

Post Code Sort Code

Dear Sirs,

We request your opinion as to the means and standing of the company named below and their trustworthiness in the way of normal business engagements to the extent of:

£ per month.

CONSENT

I/We.....consent to you providing a reference on us to BLACKOUT LIMITED and to debit my/our account with any applicable fee.

Account name Account number

Signed (As per Bank Mandate)

Position in company Date