

CUSTOMER INFORMATION FORM

Please complete this form and return to sales@optaled.com

Company & Contact Details	
Company Registered Name	
Company Trading Name	
Registered Office Address	
Proprietor's Name & Address <small>(sole traders and partnerships only)</small>	
Trading Address	
Company Registration Number	
Registered Office Telephone Number	
Trading Address Telephone Number	
Name of Parent Company <small>(for subsidiary companies only)</small>	
Name of Managing Director/Proprietor	
Contact Name for Buying	
Contact Name for Accounts	
Statement/Invoice Email Address	
Bank Account Details	
Name & Address of Bank	
Sort Code	
Account Number	

Credit Details**Amount of Credit Required**
(please circle)**None****Up to £5,000****£5,000 - £10,000****£10,000 - £20,000****If a larger credit facility is required
please state amount****£****Trade References****1. Company Name****Contact Name****Address****Phone Number****Email Address****2. Company Name****Contact Name****Address****Phone Number****Email Address**

I understand and accept the conditions printed here below and acknowledge receipt of the Optaled Terms and Conditions of trading. Particular attention is drawn to the following:

- Prompt settlement of accounts no later than 30 days from the end of month in which invoice is issued.
- Your credit may be stopped if your account exceeds the agreed limit.
- If the applicant is a Limited Company this form must be signed by a Director, Company Secretary or other authorised person.
- Failure to complete this form **in full** will delay your application.
- All business transacted is subject to our standard Terms and Conditions of trading.

Signature _____

Date _____

Name (please print) _____

Position _____

For Office Use:

Credit Amount	£	Discount	%
Authorised by		Print Name	Date