

TRADING / ACCOUNT FORM (PARTNERSHIPS AND SOLE TRADERS)

Please complete and return to Transmission (TX) Ltd. Fax 01932 592571

Trading Name: **Owners/Partners**
..... Name:
Trading Address: Address:.....
.....
.....
.....
..... Name:
Tele no: Address:.....
VAT/SCH D/Tax Ref:
How long have you been trading?
Banker's Name:.....
Address:.....
..... Name:
..... Address:.....
.....
.....
.....
.....
Account No: Maximum Amount
Sort Code:..... of Credit Required: £

TRADING REFERENCES (With whom you have a credit account and with whom you have been trading for at least one year. Please indicate at least one Film or Video Post Production or Equipment Hire or Service Company).

1. Name:	2. Name:
Address:.....	Address:.....
.....
Contact:.....	Contact:
Tel No:	Tel No:

The above details are true and accurate and we agree to settle the account on a prompt 30-day basis. Your terms and conditions of business have been noted.

Name: Date:.....
Signed:..... Position: Owner/Partner
(Delete as applicable)