

## ACCOUNT APPLICATION FORM

(PLEASE USE BLOCK CAPITALS, ALL SECTIONS SHOULD BE COMPLETED AND THE F	ORM MUST BE SIGNED)

Full Company N	ame:					
VAT Number:		Reg. Number:				
Type of Busines	s					
Please tick Type of Industry: INDUSTRY/MEDICAL/DIGITAL SIGNAGE/SEA/AVIAT/RAIL/MILITARY/GAMING/OTHER						
Estimated Annu	ial Turnover	nover No. of Employees:				
Credit Limit (if required) Please note first orders are usually on a payment in advance basis. Where credit is required, approval will be subject to credit insurance being in place. Once approved, payment terms will be 30 days Net. Orders will not be processed until this is in place.						
	Invoice Addr	ce Address Delivery Address (if different)				
Postcode:		Postcode:				
Tel: Fax:		Tel: Fax:				
_	ct:					
Fax:						
Fax: Accounts Conta						
Fax: Accounts Conta Accounts Email		Fax:				
Fax: Accounts Conta Accounts Email Accounts Tel:	ce delivery m	Fax:         Fax:         Fax:         Fax:         Post:				
Fax: Accounts Conta Accounts Email Accounts Tel: Preferred invoid	ce delivery m	Fax:         Fax:         Fax:         Fax:         Post:				

Display Technology Ltd

Osprey House, 1 Osprey Court, Hinchingbrooke Business Park, Huntingdon, PE29 6FN

+44 (0) 1480 411600

info@displaytechnology.co.uk www.displaytechnology.co.uk



We confirm the above details are correct and that we accept that the General Delivery & Payment terms and conditions of Display Technology Ltd shall apply to all dealings with Display Technology Limited.

(Terms and conditions can be found on our website www.displaytechnology.co.uk)

Name (Print)	Position	
Signature	Date:	

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