

## **ACCOUNT APPLICATION FORM**

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

Full Company Name	e:				
VAT Number:		Reg. Number	~:		
Type of Business					
Please tick		10 10			
Type of Industry:	INDUSTRY/MEDICAL/DIGITAL SI	IGNAGE/SEA/AVIAT	r/Rail/Military/Gaming/Other		
Estimated Annual T	urnover		No. of Employees:		
	ers are usually on a payment in		Where credit is required, proved, payment terms will be 30		
	I not be processed until this is		noved, payment terms will be 30		
Invoice Address		Delivery Address (if different)			
Postcode:		Postcode:			
Tel: Fax:		Tel: Fax:			
Accounts Contact:					
Accounts Email:					
Accounts Tel:	Fax:				
Preferred invoice delivery method: Email: Fax: Post:					
Send To (i.e. email add	ress/Fax no):				
Purchasing Contact		Email:			
Design/Eng Contact	t	Email	:		

Display Technology Ltd

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

+44 (0) 1480 411600



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 <u>www.displaytechnology.co.uk</u> )					
Name (Print)		Po	sition		
Signature			Date:		

Display Technology Ltd

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

+44 (0) 1480 411600