

Optimum Power Services

Power, Temperature, Air – Anytime, Anywhere

CREDIT ACCOUNT APPLICATION FORM

<u>YOUR COMPANY DETAILS:</u>			
Name:			
Address:		Registered Address: (if different)	
Postcode:		Contact Name:	
Telephone No:		Fax No:	
Contact Email:		Contact Name:	
Nature of Business:		Website:	
Company Registration Number:		VAT Number:	
Annual Turnover:		No. Years Trading:	
Number of Employees:			
Accounts Payable Contact:			
Accounts Payable Email:			
Accounts Payable Telephone No:			
Type of Premises: (Home/Shop/Warehouse etc)		Owner occupied - <input type="checkbox"/>	Rented - <input type="checkbox"/>
OPS Services of Interest:			

Office & Registered Address: Unit 4, Galley Hill Trading Estate, London Road, Swanscombe, Dartford, Kent, DA10 0AA
Tel/Fax: 01322 381726 Email: sales@optimumpowerservices.com Web: www.optimumpowerservices.com



Certificate No. FS 569808

Registered in England & Wales registration No.05970557



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TRADE REFERENCES: (In order for us to contact in relation to your Application)			
1. Company Name:			
Address:			
Post Code:		Contact:	
Telephone:		Fax:	
Email:			
2. Company Name:			
Address:			
Post Code:		Contact:	
Telephone:		Fax:	
Email:			
COMPANY BANK DETAILS:			
Bankers:			
Branch Address:			
Postcode:		Contact Name:	
Telephone No:		Fax No:	
Bank Account Name:			
Account Number:		Sort Code	

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DIRECTORS DETAILS & AUTHORISATIONS:					
I/We make this application to Optimum Power Services Ltd.					
I/We understand your Credit Terms – Payment is due the end of the month following invoice date.					
<u>Details of Authorised Signatory on behalf of your Company:</u>					
Name: (Capital Letters Please)					
Date of Birth:		Title:			
Signature:		Date:			
Names and addresses of Directors/Partner: All Director/Partners must sign detailing address details. Please provide alternate information if residence at current address is less than two years.					
Name:		Name:		Name:	
Address:		Address:		Address:	
Address:		Address:		Address:	
Postcode:		Postcode:		Postcode:	
Date of Birth:		Date of Birth:		Date of Birth:	
Signature:		Signature:		Signature:	

Please complete ALL THREE pages of this form and send back to the Optimum Power Services Ltd accounts department at the address below, by fax to 01322 381726 or by email to accounts@optimumpowerservices.com together with YOUR company letterhead.

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