

Credit Account Request



Please complete the details below to enable us to open your account:-

Company Name: Contact:
Address: Telephone:
..... Fax:
..... Date:
..... email:
.....

Company Registration Number: Level of Credit Required: £
VAT Registration Number: Accounts Contact Name:

Bank Details:

Bank Name:
Address:
.....
Account Number: Postcode:
Sort Code:

Trade References:

1. Company Name:
Address:
.....
Telephone: Fax:
2. Company Name:
Address:
.....
Telephone: Fax:

Declaration: If a credit account is granted to us, we accept the terms and conditions on all contracts between us (the Purchaser) and Optima Control Solutions Ltd.
The Terms and Conditions are available to download from www.optimacs.com

Signed: Name (please print):
Date: Position in company:

Please return the completed request by fax to OPTIMA CONTROL SOLUTIONS LTD on Fax No. 01254 272826
Or e-mail to: accounts@optimacs.com