FILMS AT 59 LTD - NEW CLIENT DETAILS FORM

To be fully completed before commencement of project

REGISTERED COMPANY NAME	**INVOICING NAME**
REGISTERED ADDRESS PostCode	**INVOICING ADDRESS** PostCode
REGISTRATION NUMBER	**DATE COMPANY FORMED**
DIRECTORS/PROPRIETORS NAMES	**COMPANY VAT NUMBER**
MAIN TELEPHONE NUMBER	**COMPANY WEBSITE ADDRESS**
ACCOUNTS TELEPHONE NUMBER	**ACCOUNTS CONTACT NAME**
ACCOUNTS EMAIL ADDRESS	
DO YOU REQUIRE ORDER NUMBERS TO BE QUOTED ON INVOICES?	**YES/NO**

Please attach the following documentation

1 Purchase order on company letterhead paper
2 Proof of invoicing address eg recent utility bill

AS YOU REQUIRE A CREDIT ACCOUNT PLEASE COMPLETE THE FOLLOWING

AMOUNT OF CREDIT REQUESTED £……PER MONTH

Please give the details of 2 independent *(not related to you or your company)* referees with professional working knowledge of you and your business for at least 2 years

Reference 1 Company Name Address Telephone No Contact Name Time traded with them Accounts Email Address	Reference 2 Company Name Address Telephone No Contact Name Time traded with them Accounts Email Address
For Films at 59 Ltd use: Reference Verified Date	**For Films at 59 Ltd use:** Reference Verified Date

Please give the details of your bank. By completing you authorise that we can contact your bank for a reference

Name of Bank
Bank Address Sort Code

Account Name Account Number

For Films at 59 Ltd use:
Bank Reference Verified Date

We understand that all work is done subject to your normal terms and conditions (as read).
We note your payment terms of 14 days from invoice date

SIGNED ……
Signed for and on behalf of the new client

NAME ……

POSITION ……

Films at 59 Ltd	**Tel**	0117 9064300	**Email Accounts**	accountsreceivable@filmsat59.com
59 Cotham Hill	**Fax**	0117 9237003	**Email General**	info@filmsat59.com
Bristol BS6 6JR	**Website**	http://www.filmsat59.com		