

Please fill out the form in Adobe Acrobat Reader and submit or print and return to the address below.  
 If sending by post, please mark for the attention of the Accounts Department

## CONTACT DETAILS

Full Trading Name			
Address		Invoice Address (if different)	
Tel		Tel	
Fax		Fax	
Email		Email for Invoicing	

## TRADING

Limited Companies	Company Name	
	Company Reg. No.	
Directors Names OR Sole Traders & Partnerships Names	Name & Position 1.	
	Address	
	Tel	
	Name & Position 2.	
	Address	
	Tel	
VAT Number		
How long has your company/business been trading?		

## FINANCIAL INFORMATION AND BANK REFERENCE

Bank Name		Bank Account No.	
Bank Address		Bank Sort Code	
		Bank Reference Authorisation: I authorise our bankers to furnish Optimum Coatings Ltd with sufficient information to enable a trading account to be opened.	Signature: (Use fill and sign tool to sign in Acrobat)
Credit Requested			

## PLEASE SUPPLY CONTACT DETAILS FOR TWO INDEPENDENT TRADE REFERENCES

Name		Name	
Position		Position	
Company		Company	
Address		Address	
Tel		Tel	

**How did you hear about Optimum?**

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**Products / services of interest**

Glazing  Uncut Lenses  Special Rx Lenses  Fashion Tints  Free Form

I/we hereby request you to open a Credit Account. I/we are aware that the risk in the Goods/Services shall pass to us on delivery. However, property in the Goods/Services remains with Optimum Coatings Ltd until such time as all sums due to them in respect of those Goods/Services have been received. Further, Optimum Coatings Ltd reserves the right, without prejudice to any other remedies, to recover the Goods/Services when any sum due to them remains unpaid. I/we acknowledge and agree to be bound by the Trading Terms and Conditions of Optimum Coatings Ltd, a copy of which has been supplied to us.

Signed..... Position ..... Date.....  
 (Use fill and sign tool to sign in Acrobat)

**SUBMIT**