



New Account and Credit Application

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		KEY CONTACTS	
Address		Order Enquiries	
		Name	
		Tel	
Tel		Account Enquiries	
General Email		Name	
Accounts Email		Tel	

TRADING		
Limited Companies	Company Name	
	Company Reg. Number	
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 Number	
Address		Bank Sort Code	
Credit Requested?		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)
INTERNAL USE			
Account Number			
Credit Checked			
Date of Approval			

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?

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