

TAKE²

Account Application Form

Please complete this form and send it or fax it to the following address:

Take 2 Film Services Ltd
Unit 10 West Point Trading Estate, Alliance Road, Acton
London, W3 0RA, UK
Tel: 0208 992 2224
Fax: 0208 993 5683

1. Your Invoicing Details

Company Name:	_____	Invoicing Address:	_____
Trading Name (if different):	_____		_____
Accounts Contact Name	_____		_____
VAT Registration No:	_____		_____
Company Registration No:	_____		_____
Managing Director:	_____	Trading/Registered Address (if different):	_____
Head of Productions:	_____		_____

Tel:	_____		_____
Fax:	_____		_____
Accounts E-mail:	_____		_____
Can you accept invoices via E-mail (Y/N):	_____	Credit limit requested:	_____
E-mail Address (if different):	_____		_____

2. References

Please provide the names and addresses of three trade references

Reference 1:	Reference 2:	Reference 3:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Tel: _____	Tel: _____	Tel: _____

3. Bank Details

Bank Name: _____
Sort code: _____ - _____ - _____ Account No: _____

4. Insurance

Please attach a copy of your current insurance document and send/fax it with this form to the address shown above.

5. Declaration

Please note the information supplied may be used for the purpose of conducting a credit reference.

I agree to Take 2 Film Services Ltd. Terms and Conditions

Signature: _____

Date: DD / MM / YYYY