

Etree Productions Ltd
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		Post Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		Post Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		Post Code:	
Sort Code:	Account number:		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			
City:		Post Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Notes:			

AGREEMENT

1. All invoices are to be paid 30 days EOM from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Etree Productions to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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