



LIGHTNING MEDIA LTD: Unit 32, Sheraton Business Center, 20 Wadsworth Road, Perivale, Greenford, Middlesex , UB6 7JB

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We are members of the Credit Protection Association 020 8846 0000



**APPLICATION FOR A CREDIT ACCOUNT FOR INDIVIDUAL**

- 1. Please answer ALL questions (IN BLOCK CAPITALS)
- 2. When setting up a new account with us at Lightning Media Ltd, you must bring both of the following items with you as identification originals ONLY:

- **Current Signed Passport (Essential)**
- **Current UK Driving license- Paper & Card (Essential)**
- **Current Insurance Policy (Essential)**

**Plus three of the following items:**

- 1- **UK Bank statement with your name & address** (No older than 3 months)
- 2- **Letter from Tax office or Inland Revenue** (No older than 3 months)
- 3- **Current vehicle log book**
- 4- **Current vehicle insurance documentation**
- 5- **Invoice from any other UK Hire company** (No older than 3 months)
- 6- **Council Rates bill** (No older than 3 months) **or payment book**
- 7- **Armed Forces ID card**

Please note, all documents must be original, and photocopies will not be accepted.

Applicants Name	
Phone No.	
Fax No.	
Mobile No.	
Full Address	
Full Address	
Postcode	
E-mail	
Credit Required	£..... per month

**Payment terms: STRICTLY 30 DAYS FROM OUR INVOICE DATE**

**BANK REFERECES:**

Name of Bank	
Address of Bank	
Address of Bank	
Postcode	
Phone No.	
Fax No.	
Account No.	
Sort Code	

**PLEASE PROVIDE THREE ADDITIONAL REFERENCES:**

Trade Reference 1	
Account Number	
Address	
Postcode	
Phone No.	
Fax No.	
Accountants Name	
Phone No.	
Fax No.	
Trade Reference 2	
Account Number	
Address	
Postcode	
Phone No.	
Fax No.	
Accountants Name	
Phone No.	
Fax No.	
Trade Reference 3	
Account Number	
Address	
Postcode	
Phone No.	
Fax No.	

**PAYMENT OPTI ONS**

Credit Card	<i>d Please complete "Credit authorization" form</i>
Bacs	<i>d Please complete "Standing order/Direct Debt/Bacs" form</i>
Direct Debt/Standing Order	<i>d Please complete "Standing order/Direct Debt/Bacs form"</i>
30 day Credit account	<i>d Please Note: Strictly 30 day limit or your Credit facility will be withdrawn</i>
Cheque on delivery/ Collections	<i>d</i>

If your application is successful, you will be notified and sent your account number by e-mail.  
This account number must then be quoted on all future orders and confirmation of orders required by email.

All additional forms can be found on the "About Us" page of our website.

Please note: Account applications take approximately **one month** to process as all documentation presented to us must be checked and verified fully.

1) I am duly authorized by the applicant business to enter into this agreement on its behalf. We agree that payment of your invoices will be made strictly in accordance with the credit terms stated thereon.

We recognize that if payment of your invoices is not made by the due date for payment, it may result in The matter being referred to the credit protection association for recovery of the invoice debt: if so, we agree to indemnify you against the costs you incur in referring the matter to CPA to persue the debt including CPA`s current applicable fees for writing to us and commission payable by you to CPA, all reasonable incidental costs of recovering the debt and interest as applicable,

2) I understand that you may authorize a search through credit reference agencies, which will keep a record of that search and may share that information with other businesses, it/they may also make enquiries about the directors/partners as applicable

3) I authorize our bankers to provide an opinion as to our suitability for the requested account.

Name (Please print).....Signature.....

Position.....Date.....