

ACCOUNT APPLICATION FORM

(PLEASE USE BLOCK CAPITALS, ALL SECTIONS SHOULD BE COMPLETED AND THE FORM MUST BE SIGNED)

Full Company Name:					
VAT Number:		Reg. Numbe	er:		
Type of Business					
Please tick Type of Industry: INDUSTRY/MEDICAL/DIGITAL SIGNAGE/TRANSPORTATION/MILITARY/OTHER					
Estimated Annual Turno	ver		No. of Employees:		
Credit Limit and account Please note first orders are approval will be subject to will be 30 days end of mor	e usually on a payment in Atradius credit insurance	e acceptance. O	nce approved, payment terms		
Invoice A	ddress	Deliver	y Address (if different)		
Postcode: Tel:		Postcode: Tel:			
Accounts Contact:					
Accounts Email:					
Accounts Tel:					
Invoices are sent automatically by email from batch@datadisplay.de when goods are despatched. Please add this address to your safe senders list					
A/P email address:					
Purchasing Contact		Emai	l:		
Design/Eng Contact		Emai	l:		

FORTEC TECHNOLOGY UK LIMITED

Osprey House, 1 Osprey Court, Hinchingbrooke Business Park, Huntingdon, PE29 6FN



We confirm the above details are correct and that we accept that the General Delivery & Payment terms and conditions of FORTEC TECHNOLOGY UK LIMITED shall apply to all dealings with FORTEC TECHNOLOGY UK LIMITED.

(Terms and conditions can be found on our website www.fortec.uk)

Name (Print)	P	osition	
Signature		Date:	

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