



Company Name:

Client Contact:

Address:

.....

Tel No: Fax No:

Previous Address (If less than 3 years at above):

.....

Business Type: Feature Film / TV Production / Commercial / Music Video / Other (Del where app)

Type Of Company (E.G. Sole Trader, Partnership, PLC, Ltd Co):

Name(s) Of Directors:

Company Registration No: VAT No:

Purchase Order Required: Yes / No

Please specify amount of monthly credit required:

Billing Address (If Different To Above):

.....

Bank Name:

Bank Branch:

Bank Address:

.....

Account Name:

Account No:

Sort Code:

Please reply to

Jill Moll at:

Metropolitan Centre

Bristol Road

Greenford

Middlesex

UB6 8GD

Tel: 020 8839 7344

Fax: 020 8839 7305



Trade Reference 1 - Name:

Address:

.....

Tel No:

Trade Reference 2 - Name:

Address:

.....

Tel No:

**A copy of your insurance cover and health and safety policy must be attached
before your application can be considered**

**I acknowledge receipt and acceptance of Panavision's standard terms and conditions
(copies of which are attached), and agree to pay all rental amounts due within
30 days and labour and film stock amounts within 7 days of receipt of invoice
I also give my full consent for Panavision to carry out a credit search**

Signed: Date:

For And On Behalf Of:

Name (Block Letters):

.....

Accounts Information Only;

Client Number:

Date Entered:

Entered By: