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Intelligent Video Imaging Dynamics Ltd.



**I-VID Dealership Application**

Would you please provide the following information in order that your dealer application can be considered, all relevant sections must be completed.

Company Name: .....

Address: .....

.....

Telephone Number:  
.....

Fax Number: .....

VAT Number: .....

Accounts Contact: .....

Trade Contact: .....

If a Limited Company, please give Registered Office:  
.....  
.....

Company Registration Number .....

Number of years established in business .....

Name & Address of Bankers .....

.....

.....

Account Number: ..... Sort Code: .....

Continued.....

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**i-ViD Dealership Application – Continued...**

TRADE REFERENCES:-

1.	2.
Name.....	Name.....
Address.....	Address.....
.....	.....
.....	.....
Telephone.....	Telephone.....
Fax.....	Fax.....

CREDIT FACILITIES ARE GRANTED ON THE UNDERSTANDING THAT OUR TERMS AND CONDITIONS OF TRADING ARE UNDERSTOOD AND ACCEPTED BY YOU. PAYMENT IS DUE 30 DAYS FROM INVOICE DATE AND NON-COMPLIANCE WILL RESULT IN AUTOMATIC SUSPENSION OF CREDIT FACILITIES UNTIL THE ACCOUNT IS BROUGHT BACK WITHIN TERMS.

(Please note, we may need to ask for a current copy of your management accounts to enable your application to be processed)

Authorised Signature.....	Date.....
Print Name.....	Position.....

Would you please submit a sheet of your letter headed paper with this application.

FOR OFFICE USE ONLY

A/C Number Assigned.....	Date.....
Credit Limit Authorised.....	Approved By.....
Other Comments.....	