



Tempus Systems LTD

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## Customer Account Application Form

Print and complete this form in block capital letters making sure that it is signed and dated in the relevant section below. Once completed please return to Tempus Systems by post.

Company Name			
Contact Name 1		Contact Name 2	
Business Address		Invoice address (if different)	
Post Code		Post Code	
Phone number 1		Company Reg No	
Phone number 2		VAT number	
Fax number		No. of years trading	
email contact		Nature of business	
Director / partner 1		Position	
Director / partner 2		Position	
Trade Ref 1 Contact Name Address		Trade Ref 2 Contact Name Address	
Post Code		Post Code	
Phone number		Phone number	
Fax number		Fax number	
Nature of business		Nature of business	
Payment Terms		<b>Product / Service required : (Please highlight)</b>	
Credit required		Fire Alarm	Emergency Lighting
		CCTV	Data Cabling
		Time Attendance	Access Control
		Guard Patrol	PBX (Telephone)
		Intruder Alarm	Maintenance
		Audio / Video Door Entry	Projecting
		Door / Barrier Autimation	Other:
<h3>Declaration</h3>			
I declare that I have the authority and legal right to complete this application and make this request to open a credit account for and on behalf of: <input type="text"/>			
By signing below I agree to the Terms and Conditions set by Tempus Systems Ltd pertaining to this agreement.			
Signed	<input type="text"/>	Print name	<input type="text"/>
Position in company	<input type="text"/>	Date	<input type="text"/>
<b>INTERNAL USE ONLY</b>			
Bank check		Company check	
Ref 1 check		Ref 2 check	
Account approved		Account no.	
Credit limit		Date	