



Tempus Systems LTD

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Customer Account Application Form

Print and complete this form in block capital letters.

Once completed please return to Tempus Systems by post

Company name :					
Contact Name 1:		Contact Name 2:			
Business Address :		Invoice address : (if different)			
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 :		Trade Ref 2 :			
Contact Name :		Contact Name :			
Address :		Address :			
Phone number :		Phone number :			
Fax number :		Fax number :			
Nature of business :		Nature of business :			
Payment Terms :	Confirmation on approval	Product/Service required : (highlight)	Fire Alarm	Emergency Lighting	Data Cabling
Credit required :			CCTV	Time Attendance	Access Control
			Guard Patrol	PBX (Telephone)	Projecting
Other Services Required :			Audio/Video Door Entry		Maintenance
Additions Requirements :					
Declaration					
I declare that I have the authority and legal right to apply for and open this credit account on behalf of:_____.					
By signing below I agree to the Terms and Conditions set by Tempus Systems Ltd pertaining to this agreement.					
Signed :		Print name :			
Position in company :		Date :			
Internal use only :-					
Bank check :		Company check :			
Ref 1 check :		Ref 2 check :			
Account approved :		Account no :			
Credit limit :		Date :			