



## ACCOUNT APPLICATION FORM

Post this form to: Precision Optical Ltd, Shrivenham Hundred Business Park, Shrivenham, Oxon, SN6 8TZ  
Or Fax to: 01793 784 431

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Company Name \_\_\_\_\_

Company Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Is your company

- Limited Company  Ltd No. \_\_\_\_\_
- Sole Trader
- Partnership
- Private Limited Company

*Please supply us with your banking details*

Name of your bank \_\_\_\_\_

Address of your bank \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sort Code \_\_\_\_\_

Account Number \_\_\_\_\_

*Please give the name and addresses of two trade references to support your application*

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_