

Megazone Laser Games Leicester LTD
APPLICATION FOR INVOICE ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	County:	POSTCODE:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	County:	Postcode:
How long at current address?		
Telephone:	Fax:	E-mail:
Main Contact:		
Company Reg No	Phone:	

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	County:	POSTCODE:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	County:	POSTCODE:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	County:	POSTCODE:
Phone:	Fax:	E-mail:
Type of account:		

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Megazone Laser Games Leicester LTD, to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: Date:	Title: Date:
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