

ACCOUNT APPLICATION FORM

Please complete using type or by hand writing in block capitals and return to Marata Vision

ACCOUNT DETAILS:

COMPANY NAME:	
TRADING NAME:	
ACCOUNTS/INVOICE ADDRESS:	SALES/DELIVERY ADDRESS:
POSTCODE:	POSTCODE:
TEL No:	TEL No:
FAX No:	FAX No:
*E-MAIL:	WEBSITE:

* This email address will be used by Marata Vision from time to time to send product news.
If you do not wish to receive this information by email please tick here

COMPANY STATUS & DETAILS:

PLC <input type="checkbox"/>	LIMITED <input type="checkbox"/>	PLEASE SUPPLY A COMPANY LETTERHEAD	
		SOLE TRADER <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
YEAR REGISTERED:		COMPANY REG No:	
VAT REG No:			

TYPE OF BUSINESS:

RETAIL <input type="checkbox"/>	CUSTOM INSTALL <input type="checkbox"/>
AUDIO VISUAL <input type="checkbox"/>	OTHER (Please Specify)

CONTACT INFORMATION:

	NAME	EMAIL	TEL
ACCOUNTS:			
SALES:			
SERVICE:			

TYPE OF ACCOUNT APPLIED FOR:

CREDIT ACCOUNT <input type="checkbox"/>	AMOUNT OF CREDIT REQUIRED £
PRO-FORMA ACCOUNT <input type="checkbox"/>	

IS YOUR COMPANY A MEMBER OF A TRADE ORGANISATION?

CEDIA <input type="checkbox"/>	CAI <input type="checkbox"/>	NSCA <input type="checkbox"/>	PLASA <input type="checkbox"/>
INFOCOMM <input type="checkbox"/>	OTHER (please specify)		

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