

# Cinescope

<b>Customer Finance Proposal Form</b>		Date:
Company Name	VAT Reg. No.	
Company Reg. No.	Date of Registration	
Trading Address	Registered Address	
Post Code	Post Code	
Telephone	Email	
	Website	
Bank		
Bank Sort Code	A/c Number	
Director/Partner	Director/Partner	
First Name	First Name	
Last Name	Last Name	
Address	Address	
Post Code	Post Code	
Mobile	Mobile	
Email	Email	
Job Title	Job Title	
Date of Birth	Date of Birth	
Finance Term     12/24/36/48/60/72 months	Periodic	Monthly/Quarterly/Annual
	Deposit %	
Equipment	Price ex VAT £	
	VAT £	

By submitting this form to Cinescope Ltd you consent to a representative of Adamantean Limited contacting you directly in relation to your credit application.