Please photo copy this page onto your Company headed note-paper and then complete below, before sending to Master Auto Glass Limited, Credit Control, together with the Account Application Form. Master Auto Glass Limited will contact your Bank, attaching this letter.

		Date:
The Manager,		(Bank/Building Society) (Address)
Dear Sir/Madam,		
Re:	Company Account Number:	
	Company Account Name:	
	dit Account facilities with Master A oyal London NW10 7QL and here	
I understand that they will b	e writing to you direct.	
Thank you in anticipation.		
Yours faithfully,		
	(Signed)	
	(Print Nan	ne)