

# New Customer Form

Company name:

Registered address:

Trading address:

(If different from above)

Company registration number:

VAT number (*If applicable*):

Contact name:

Contact email:

Contact telephone:

Accounts contact name:

Accounts contact email:

Accounts contact telephone:

Is a purchase order required:    Yes                      No

Does anything additional need including on purchase invoices for your reference (*Give details*):

For 30 day credit terms Direct Debit is our preferred payment method (*Taken on or soon thereafter invoice due date*). Please provide details of the person who can authorise the Direct Debit setup:

Contact Name:

Contact Email:

Contact telephone: