

NEW CUSTOMER DETAILS FORM.

This form should be completed in block capitals using a ball point pen, please attach a sample of your company letter head.

Date:		How did you hear about us?	
FULL TRADING NAME:			
FULL TRADING ADDRESS:			
POST CODE			
E- MAIL ADDRESS		TELEPHONE NUMBER	
FAX NUMBER		MOBILE NUMBER	
LIMITED COMPANIES & PLC			
REGISTERED COMPANY NAME			
REGISTERED COMPANY ADDRESS:			
POST CODE		COMPANY REGISTRATION NO	
PARTNERSHIPS & SOLE TRADERS			
FULL NAME & ADDRESS OF SOLE TRADER:			
FULL NAME & ADDRESS OF PARTNER 1			
FULL NAME & ADDRESS OF PARTENER 2			
All directors of a limited company and all partners in partnership must sign, i/we have read your terms and conditions of sale which are attached			
SIGNED:		NAME:	
POSISTION :		DATE:	
SIGNED:		NAME:	
POSISTION :		DATE:	