

NEW CUSTOMER DETAILS FORM.

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

Date:		How did you hear about us? Telesales <input type="checkbox"/> Trade Magazine <input type="checkbox"/> Fit show <input type="checkbox"/> Website <input type="checkbox"/> Recommendation <input type="checkbox"/> E-mailer <input type="checkbox"/> Local <input type="checkbox"/>	
FULL TRADING NAME:			
FULL TRADING ADDRESS:			
POST CODE			
E-MAIL ADDRESS		TELEPHONE NUMBER	
FAX NUMBER		MOBILE NUMBER	
Sales Representative*			
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 PARTNER 2			
I/we have read and accept your conditions of supply which are attached			
SIGNED:		NAME:	
POSITION :		DATE:	

T: 0121 624 5001

E: sales@flairwindows.com

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