New Customer/Update Form

1. **Customer Information**

Organisation Name: _____
Previous Name (if applicable): _____

Billing Address: _____
_____

City: _____

Postcode: _____

Delivery Address (if different): _____
_____

City: _____

Postcode: _____

Accounts Contact Name: _____
Telephone Number: _____
Fax Number: _____
Mobile (if any): _____
Email: _____

General Contact Name: _____
Telephone Number: _____
Fax Number: _____
Mobile (if any): _____
Email: _____

2. **(New Customers Only)**

Date Business Incorporated: _____ **VAT No:** _____ **Company Reg:** _____
Monthly Credit Request: _____

(Please note: Credit limit request is not guaranteed. - First order is Proforma and 30-day term thereafter – We no longer accept cheques)

Trade Ref 1: _____ **Trade Ref 2:** _____

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3. **Authorisation to Create Account/Update Customer Information -**

By signing my signature below, I am certifying that the above information is true and accurate to my knowledge.
I also certify that I am authorised to confirm the information.

Authorised Signature: _____ **Date:** _____

Printed Name and Title: _____

01495 740070

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