

## **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:		1	
FULL TRADING ADDRESS:			
POST CODE			
E- MAIL ADDRESS		TELEPHONE NUMBER	
FAX NUMBER		MOBILE NUMBER	
LIMITED COMPANIES & PLC			
REGISTERED COMPANY NAM	ME		
REGISTERED COMPANY ADD	DRESS:	I	
POST CODE		COMPANY REGISTRATION N	10
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 a	and all partners in partnership must si	gn, i/we have read your terms and c	onditions of sale which are attached
SIGNED:		NAME:	
POSISTION:		DATE:	
SIGNED:		NAME:	