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**CUSTOMER INFORMATION FORM**

Please return this document as soon as possible

Thank you

|  |  |
| --- | --- |
| Business Name  |  |
| Address Line 1  |  |
| Address Line 2  |  |
| Town |  |
| County |  |
| Postcode |  |
| Telephone  |  |
| Fax |  |
| Website |  |
| VAT Registration No. |  |
| Company Registration No.  |  |
| Business Entity: Please State Sole Proprietor/ Partnership/ Limited Company |  |

|  |  |
| --- | --- |
| Main Contact Name |  |
| Position  |  |
| Home Address |  |
| Telephone |  |
| Email Address  |  |

|  |  |
| --- | --- |
| If your company is part of a group  |  |
| Group Name |  |
| Address Line 1 |  |
| Address Line 2 |  |
| Postcode |  |
| Town |  |
| Country |  |
| Telephone |  |
| Website |  |
| VAT Registration No. |  |
| Company Registration No. |  |

|  |  |
| --- | --- |
| Trade Reference 1 |  |
| Contact Name |  |
| Position |  |
| Telephone |  |
| Fax |  |
| Email Address |  |
|  |  |
| Trade Reference 2 |  |
| Contact Name |  |
| Position |  |
| Telephone |  |
| Fax |  |
| Email Address |  |

|  |  |
| --- | --- |
| Administration Department |  |
| Contact Name |  |
| Position |  |
| Telephone |  |
| Fax |  |
| Email Address  |  |

|  |  |
| --- | --- |
| Finance Department  |  |
| Contact Name |  |
| Position |  |
| Telephone  |  |
| Fax |  |
| Email Address  |  |

|  |
| --- |
| Agree Terms and Conditions:Signature: Date: |