Insert Your Logo Here

Insert your Companies Name, Address, Accounts Phone Number, eMail address, website and Fax No

New Customer Information Form

Trading Name

Legal Name

Trading Address

Delivery Address

Tel No Fax No: Mobile Website

Business Type: (Please tick appropriate box below)

Ltd Co Sole Trader Partnership Subsidiary Government Other

Registered Number

For Sole Traders & Partners:

 Title Name Home Address Date of Birth

Accounts Payable Person Direct No Email

Purchasing Department Direct No Email

Do you have a Purchase Order System? Yes No

Invoice delivery method: Post eMail EDI Other

Send Invoices to:

Do you require statements? Yes No

We reserve the right to send statements for any outstanding balance at any time

Statement delivery method: Post eMail EDI Other

Send Statements to:

Do you require priced delivery dockets? Yes No

 VAT Number Currency:

Initial Estimate of monthly purchases €

Type of Business

How long are you in business? Years Premises: Owned Leased

Can you list three Companies in your business that would benefit from doing business with us?

Company Person Contact details

Four Trade References:
Company Person Phone Number

Payment Method: Tick Box below or specify:

PayPal

Cash

Debit Credit Card

Bank Transfer

Monthly Cheque Run

Monthly Cheque

Direct Debit

Payment Terms

Any Special Terms

Declaration

I confirm the details given above are correct. I have received a copy of [Your Company’s] Terms & Conditions which include a **Retention of Title** clause and agree to adhere to same. I will pay all amounts due on the due day as per our agreement. I/we agree that this information may be used to support a request for credit facilities with you and your associated companies in accordance with their credit vetting facilities

Signed Name

 A duly authorised officer

Position Date

 Witnessed By Date

Other information included to support our application – Please specify:

Copy Sales Brochure

For office Use only:

CRC  CC 

DT  SPC 

VN  SAC 

CLA  CR 

PB 

AB 

TR  TSU

Audited Accounts

Tax Clearance Cert

Letterhead

List of Customers

Security offered

Vat Exemption Form

Other (Please specify)

Codes for office use:

CRC: Credit References Checked – enter the number
CC: The Credit Controller assigned to this customer
DT: The Depot that will be servicing this customer
SPC: Details of any special Pricing agreements
VN: The van that is assigned to deliver to this customer
SAC: Sales Analysis Code
CLA: Credit Line Approved
CR: Credit Report
PB: Proposed by – the person requesting the account
AB: Approved by – The person approving the granting of Credit

Other Notes:

The generic nature of this form means that not all fields are required for every business. Feel free to add and take away as it suits you. On the required information, not all that information will be available or offered – depending on the nature of the business, select the ones that you have to get and the ones you would like to get.