

Company Details

Company Name: _____	No. of years established: _____
Contact Name: _____	Co. Reg. No: _____
Position in Company: _____	Nature of Business: _____
Invoice Address: _____ _____	Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership
	<input type="checkbox"/> Limited Company <input type="checkbox"/> Government Agency Public Sector
VAT Reg No: _____	Telephone No: _____
Estimated Annual Spend: £ <input type="text"/>	

Contacts

Accounts Department

Name: _____
Telephone No: _____

Purchasing Department

Name: _____
Telephone No: _____

Trade References

1	2
Company Name: _____	Company Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
Fax No: _____	Fax No: _____
Telephone No: _____	Telephone No: _____

Bank Reference

Bank Name: _____	Telephone No: _____
Branch Address: _____ _____	Fax No: _____
Account Name: _____	Contact: _____
Account No: _____	I _____
Sort Code: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	(print name)
	(Authorised signatory per bank mandate) consent to our bank providing Dimensions Direct with its opinion on the business detailed above.

Declaration

I confirm that I am authorised signatory (per bank mandate) and that I have read and understood the terms and conditions of supply and in consideration of me being granted facilities I agree to be bound by the said terms.

Signed: _____ Date: _____
Print Name: _____ Position: _____