

## Finance Registration Form

PLEASE PRINT OR TYPE IN ALL SPACES EXCEPT SIGNATURE

REGSITERED CUSTOMER NAME:	CURRENCY
CUSTOMER NAME TO BE INVOICED:	TELEPHONE:
ADDRESS INVOICES TO BE MAILED:	FAX:
	E-MAIL:
	VAT No:

### Type of Company (Please Tick as appropriate)

LIMITED COMPANY:	PUBLIC LIMITED COMPANY:
PARTNERSHIP:	SOLE TRADER:
PARENT COMPANY NAME:	DATE OF INCORPORATION:

### Finance Contact

FINANCIAL CONTROLLER:	ACCOUNTS CONTACT:
PHONE NO:	PHONE NO:
FAX NO:	FAX NO:
E-Mail ADDRESS:	E-Mail ADDRESS:

### Company & Financial Details

NUMBER OF YEARS TRADING:	EXPECTED ANNUAL BUSINESS WITH LTTS:
TOTAL NUMBER OF STAFF:	CAPITAL EMPLOYED (LAST THREE YEARS):                    /                    /
	ANNUAL TURNOVER (LAST THREE YEARS):                    /                    /

### Bankers

BANK:	
ADDRESS:	
ACCOUNT NAME:	CONTACT NAME:
ACCOUNT NUMBER:	SWIFT CODE:
FAX NO:	PHONE NO:

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E-MAIL ADDRESS:

### Freight

FREIGHT PROVIDER :

INCOMING FREIGHT ACCOUNT NUMBER :

OUTGOING FREIGHT ACCOUNT NUMBER :

### Trade References

1	NAME	
	ADDRESS	
	TELEPHONE NO	FAX NO
	E-MAIL ADDRESS	
2	NAME	
	ADDRESS	
	TELEPHONE NO	FAX NO
	E-MAIL ADDRESS	

#### Questions asked to the Trade References

- 1 How long have you been doing business with this Company? \_\_\_\_\_
- 2 What level of credit do they currently have with you? \_\_\_\_\_
- 3 Payment history  
 Prompt \_\_\_\_\_ / Slow, with \_\_\_\_\_ days delay / Cash on Delivery \_\_\_\_\_ / Payment in advance \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_