



## NEW CUSTOMER ACCOUNT DETAILS FORM

*All fields must be completed. Any incomplete forms will be returned.*

### **Customer Details**

Type: Company/LTD Organisation or Individual:

**Company / Organisation Name/Individual:**

Customer Registered Office Address:

POSTCODE:

Customer Trading Address:

POST CODE:

Customer Billing Address:

POST CODE:

Customer Contact Landline Telephone Number:

Customer Contact Mobile Telephone Number:

Customer Email Address:

Customer Web Address:

**Do you require a Purchase Order Number or Reference Number for payment?**

Customer Accounts Payable Contact Name & Telephone Number:

Customer Accounts Payable email address:

**Additional Information:**

**VAT NUMBER:**

**Our Credit & Payment terms:** Payment within 7days of invoice date.

**Payments Accepted By: Bank transfer (details on invoice)**

Please Sign Below to Indicate Your Agreement To The Terms and Details Above

**Print Name, sign with signature & state position**

Signed Date:

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