



## **New Customer Set Up Form**

Company Name:										
Primary Contact:										
Company Address:										
Contact Tel:				Contac	ct e-					
Accounts Inform	nation			mail						
Accounts Contact:										
Accounts Address:										
Accounts Tel:				Contac	ct					
E-mail for invoices:				Fax:						
E-mail for statements:										
E-mail for reminders:										
Currency:	GBP	E	uro		U	SD				
VAT No. (required for all EU customers)										
Company Registration Number										
Analytical Resu	ılt Dist	ributio	on							
Note:				- C U		- 11	:C!!-			
Hard copies of Certificates of A Contact (s) for C of A distribution	Analysis (C d	ot As) Will b	e autom	iatically p	ostea t	o tne spe	ecified add	iress.		
Contact Address:										
Contact Tel:										
Contact Fax:										
Contact Fax.										
Contact E-mail (s):										
Preferred communication route (Please tick):	e-mail						Post			
Office use only										
Credit Check Required (please circle)			Yes / No		Credit Limit (in GBP)					
Stat code									•	