

Customer Registration Form



PLEASE COMPLETE IN BLOCK CAPITALS AND RETURN BY FAX OR POST.

COMPANY NAME AND REGISTRATION NUMBER: If not a limited company, please use alternative box below.	
Registration no.....	
PROPRIETER / SOLE TRADER / PARTNERSHIP: Give full name(s) of individual(s) if not a limited company.	
E-mail	
NORMAL DELIVERY ADDRESS: Including postcode.	
Tel no..... Fax	
INVOICING ADDRESS: If different from above.	
Tel no..... Fax	
NAME OF ACCOUNTS DEPARTMENT CONTACT: This must be the person with full authority for payment of accounts.	
Tel no..... E-mail	
WHERE DID YOU HEAR ABOUT ADVANCE PRODUCT SERVICES LTD?	
PLEASE PROVIDE YOUR CONTACT DETAILS BELOW:	
Name (print).....	Tel no.....
E-mail	Position
Projected annual spend on repair.....	Date

PLEASE SUBMIT A COPY OF YOUR BUSINESS LETTERHEAD WITH THIS FORM.

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