

CUSTOMER ACCOUNT REQUEST FORM

Please:

(tick the box)

☐

Set up a new account

☐

Amend an existing account

☐

Suspend an existing account

CUSTOMER ID: _____ (complete only for amendments or suspensions)

CUSTOMER'S FULL TRADING NAME: _____

TYPE OF ORGANISATION: _____

INVOICE/BILLING ADDRESS: _____

TELEPHONE NO. FOR **FINANCE** QUERIES: _____

(Accounts Payable if applicable)

FAX NUMBER: _____

VAT NUMBER: _____

E-MAIL ADDRESS FOR FINANCE QUERIES: _____

(also for sending copies of invoices and statements of accounts)

DEFAULT CURRENCY TO INVOICE IN: _____

ESTIMATED LEVEL OF BUSINESS: _____

£ _____ (fill in for new accounts only)

REASON FOR SUSPENSION: _____

REQUEST COMPLETED BY: _____

DATE: _____

E-MAIL ADDRESS: _____

SCHOOL/DIVISION: _____

EXT. NUMBER: _____

(TO BE COMPLETED BY INCOME AND TREASURY MANGEMENT ONLY)

Risk: _____

Credit Limit: £ _____

Authorised by: _____ Input by: _____ Date: _____