

## 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:** \_\_\_\_\_