

**New Customer Form**

**Company Information**

Registered Name:	Trading Name:
Registered Company Address:	Invoice Address (if different):
Directors Names:	Secretary Name:
VAT Registration No:	Co. Registration No:

**Manager**

Name:

Email address:

Tel No:

**Accounts Contact**

*(with the email address for invoices to be sent to)*

Name:

Email address:

Tel No:

**Deliveries/Returns**

*(The best contacts to speak to regarding a delivery or return - for deadlines, a contact for the driver etc.)*

Contact Name:	Contact Name:
Job title:	Job title:
Tel Number:	Tel Number:
Email address:	Email address:

**Tracking**

*(for EPM to send tracking information via email)*

Contact Name:

Job title:

Email address:

Bank Details	
Bank address:	Account Name:
	Sort Code:
	Account Number:
Post Code:	No of years/months held:
References	
Trade Reference 1:	Trade Reference 2:
Please confirm how payment will be made:	

**DECLARATION**

I/WE CONFIRM THAT I/WE HAVE READ, UNDERSTOOD & ACCEPT THE TERMS & CONDITIONS SET OUT BY EPM (ESSEX) LTD.  
I/WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS, WHICH MAY BE AMENDED FROM TIME TO TIME.

I/WE ACCEPT THE CREDIT TERMS OFFERED BY EPM (ESSEX) LTD, UNDER WHICH PAYMENT OF ALL ACCOUNTS MUST BE RECEIVED NO LATER THAN 30 DAYS FROM THE DATE OF ANY INVOICE. FAILURE TO PAY YOUR ACCOUNT/S AS SPECIFIED WILL RENDER ALL UNPAID ACCOUNTS IMMEDIATELY PAYABLE AND DUE.

I/WE CONFIRM THE INFORMATION SHOWN ABOVE IS ACCURATE IN ALL RESPECTS.

**ONLY AUTHORISED SIGNATORY TO COMPLETE THIS SECTION.**

SIGNED:

PRINT NAME:

POSITION:

DATE:

**OFFICE USE ONLY:**

DATE OPENED:	ACCOUNT NO:	CREDIT LIMIT: