



## Customer Details Form

<b>Name of Company:</b>			
<b>Address:</b>		<b>Telephone No:</b>	
<b>Company Registration No:</b>		<b>Website:</b>	
<b>Postcode:</b>		<b>Years in Business:</b>	
<b>Key Personnel</b>	<b>Name</b>	<b>Email Address</b>	
<b>Sales:</b>			
<b>Accounts:</b>			
<b>Transport:</b>			
<b>Quality/Health &amp; Safety:</b>			
<b>Registered Address (if different to the above):</b>			
<b>VAT Registration No:</b>		<b>VAT 56A (13B) No:</b>	
<b>R C T</b>	<b>Y / N</b>	<b>Expiry Date</b>	
<b>Services Required:</b>			
<b>Storage:</b>	<input type="checkbox"/>	<b>Distribution:</b>	<input type="checkbox"/>
		<b>Storage &amp; Distribution:</b>	<input type="checkbox"/>
<b>Type of Goods:</b>			
<b>General Cargo:</b>	<input type="checkbox"/>	<b>Food:</b>	<input type="checkbox"/>
<b>Waste:</b>	<input type="checkbox"/>	<b>Hazardous:</b>	<input type="checkbox"/>
		<b>Pharma</b>	<input type="checkbox"/>

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Revision Date:	Revision No: VER = 1	Approved By: Conor Roche



**Credit References**

<b>Name of Company:</b>			
<b>Address:</b>	<b>Contact Name:</b>		
	<b>Telephone No.</b>		
<b>How Long Trading:</b>		<b>Email:</b>	

<b>Name of Company:</b>			
<b>Address:</b>	<b>Contact Name:</b>		
	<b>Telephone No.</b>		
<b>How Long Trading:</b>		<b>Email:</b>	

**Payment Method:**

**Cheque**   
**EFT/BACS**   
**Card**

**Credit Limit Required:** €



**Special Instructions**

**Invoice Instructions:** \_\_\_\_\_

**Delivery Instructions** \_\_\_\_\_

**Collection Instructions** \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

**Customer Requirements** \_\_\_\_\_

**Description of Goods** \_\_\_\_\_

<b>Paperwork Required:</b>	<b>YES</b>		<b>NO</b>
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<b>Book In Required</b>	<b>YES</b>		<b>NO</b>
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<b>Tail Lift Required</b>	<b>YES</b>		<b>NO</b>
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**Opening Times:** \_\_\_\_\_

**Equipment Requirement:** \_\_\_\_\_

**I/We have received Trading Terms & Conditions and accept Conditions in full on all goods carried on our behalf.**

**Signed:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Position In Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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