

NEW SUPPLIER REGISTRATION FORM



Business Details

BUSINESS NAME	
GEOGRAPHIC SERVICE AREA	
EMAIL ADDRESS	
CONTACT NUMBER	
BUSINESS ADDRESS INCLUDING POSTCODE	
COMPANY REGISTRATION NUMBER	
VAT NUMBER	
PAYMENT TERMS	
PROFESSIONAL INDEMNITY INSURANCE LIMIT	£
INDEMNITY TO PRINCIPALS COVER?	YES NO
PUBLIC LIABILITY INSURANCE LIMIT	£
INDEMNITY TO PRINCIPALS COVER?	YES NO

Please include copies of the insurance certificates when returning this form.

Accreditations

Please specify any professional accreditations you hold along with the relevant membership numbers

Accreditation	Membership number

Office Details

SALES CONTACT NAME	
SALES CONTACT TELEPHONE NUMBER	
SALES CONTACT EMAIL	
ACCOUNTS CONTACT NAME	
ACCOUNTS CONTACT TELEPHONE	
ACCOUNTS CONTACT EMAIL	
ACCOUNTS ADDRESS INCLUDING POSTCODE (IF DIFFERENT FROM ABOVE)	