

**NEW CLIENT REGISTRATION FORM**

Source	
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Firm Trading Name			
Firm Reg No.		VAT Reg No.	
Trading Address		Billing Address	
Town		Town	
Postcode		Postcode	
Telephone		Telephone	
Fax		Fax	
Email eg info@		Email eg Accts@	

**Ordering Requirements**

<b>Main Contact</b>		<b>Accts Contact</b>	
Telephone		Telephone	
Fax		Fax	
Email		Email	

Preferred Ordering Method	
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If 'Online' please complete (please note that the password must contain min 6 alphanumeric characters)

User 1 Email		Password	
User 2 Email		Password	
User 3 Email		Password	
User 4 Email		Password	
User 5 Email		Password	

**Product Requirements**

Product Name	Ref	Band	Price (incVAT)	Other info

**Please tick once complete:**

Client on System	<input type="checkbox"/>
Bespoke Pricing/Packs Setup	<input type="checkbox"/>
Sage Setup	<input type="checkbox"/>
Email Client Login Details	<input type="checkbox"/>
Update Mailing List	<input type="checkbox"/>

