

Please type your name or insert electronic signature

Customer Account Application Form

Please complete all fields, we will use the email address in the Primary Contact to confirm orders and the email address in the Accounts Payable Contact to email invoices and statements. We only use your details for business purposes which include; a) To continue to transact with you based on services we have provided previously. b) To keep you informed of marketing offers and promotions for the products and services we sell.

COMPANY DETAILS	If you wish to open a BCS Group acc	count, please complete and return with a sam	ple of your official compa	ny letter headed paper
Full Company Name: Trading Name (if different):			Company Reg No:	
			VAT Reg No:	
Invoice/Statement Address:				
			Type of Business (Only tick one box please):	
		Postcode:	Limited Company	Partnership
Website:			PLC	Sole Trader
Nature of Business:			Public Sector	
Year Established:	Credit Limit Required: £	Credit Terms: 30DAYS FROM INVOICE	Other (please state):	
PRIMARY CONTAC	т	ACCOUNTS PAY	ABLE CONTAC	CT
Forename:	Surname:	Forename:	Surname:	
Job Title:		Job Title:		
Email:		Email:		
Telephone:		Telephone:		
Name: Address: Email: Telephone:	Please only reference companies Name: Address: Email: Telephone:	Nan Add Ema Tele	lress:	
Bank Name:		Account Name:		
Address:		Sort Code:	Account No:	
This is a legal document. By signing department has its own set of cond	itions; which can be read at http://www.b	Services Limited Terms & Conditions as the sole csgroup.co.uk. The version we will work to sha	II be relevant to the depar	tment you will be working
account with BCS Group. We agree	he relevant conditions shall also be provious to make payments in accordance with the ce with the Data Protection Act 2018. Print name:	ne terms & conditions offered. We authorise you	u to take up any trade refe	