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## Commercial Motor Products Ltd

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## **CUSTOMER DETAILS SET-UP FORM**

## CONFIDENTIAL

Please ensure all fields completed in full

INVOICE ADDRESS			DELIVERY ADDRESS IF DIFFERENT
Owner/Company:			
Trading Name:			
Street:			
Town:			
County:			
Post Code:			
Tel. No.:			
Mobile No.:			
Fax No.:			
E-mail:			
PLEASE TICK APPROPRIATE BOX			
Ltd. Co. Sole Trader Partners	hip Subsidiary [	Gov.[	Others
DIRECTORS / HOME ADDRESS FOR ALL SO	OLE TRADERS & PAR	TNERSHIPS	
Name:		Name:	
Home Address:		Home Addre	ss:
Town:		Town:	
County:		County:	
Tel. No.:		Tel. No.:	
TRADE REFERENCES			
Name	Have been treated with		VAT No.:
Name	How long traded with		Company Reg. No.:
Address			No. of Years Trading:
	Post Code		Estimate of monthly
			purchases £
Tel No (inc.std code)	Fax No.		P/O No Required Yes/No
			Currency (please circle) Euro / Stg
Name	How long traded with		Customer Account Email:
	. <del></del>		
Address			
Post Code			Customer Sales Email:
Tel No (inc.std code)	Fax No.		
The below signatory agrees to our Terms and Conditions for Credit Application.  A copy is available on request.			
I am an Authorised Signatory			
for the above company:			-
I.			

This appliction must be signed by a Director/Owner