

# 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?	<b>YES</b> <b>NO</b>
PUBLIC LIABILITY INSURANCE LIMIT	£
INDEMNITY TO PRINCIPALS COVER?	<b>YES</b> <b>NO</b>

*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)	