|  |  |
| --- | --- |
| **Full Trading Name** | Enter Here  |
| **Contact Number** | Enter Here |
| **Invoicing Address**Address Line 1Address Line 2TownPostcode | **Payment Details** Account NameAccount NumberSoft CodeIBAN |
| **Accounts Payable Contact Name**Enter Here | **Company Registration Number**Enter Here |
| **Accounts payable contact email** Enter Here | **VAT Registration Number**Enter Here |

**PLEASE CHECK DETAILS MATCH YOUR OFFICIAL BANK DETAILS.**

**DUE TO MONEY LAUNDERING AND FRAUD CHECKS WITH THE BANK, PAYMENTS MAY BE DELAYED IF DETAILS ARE INCORRECT OR DO NOT MATCH DETAILS HELD AT THE BANK.**

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| --- |
| I confirm acceptance of the company payment terms of 30 days from date of invoice.(To be signed by an officer of the company or employee authorised to agree such matters) |
| **Signed**  |  | **Print Name**  |  |
| **Position** |  | **Date**  |  |