|  |  |  |
| --- | --- | --- |
| **Full Trading Name** | Enter Here | |
| **Contact Number** | Enter Here | |
| **Invoicing Address**  Address Line 1  Address Line 2  Town  Postcode | | **Payment Details**  Account Name  Account Number  Soft Code  IBAN |
| **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.**

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |  |