**NEW CLIENT FORM**

|  |  |
| --- | --- |
| Date: | Consultant Name: |
|  |
| Type of SupplyTemp / Perm |  | Quantity  |  |
|  |
| Customer TradingName |  | Company Registration no.  |  |
|  |
| Trading AddressPostcode  |  |
|  |
| Primary Contact & Email Address  |  |
|  |
| Company Website  |  |
|  |
| Registered Name |  |
|  |
| Invoice Address Postcode  |  |
|  |
| Accounts Contact  |  |
|  |
| Telephone No.  |  |
|  |
| Email Address for Statements & invoices  |  |
|  |
| Name of Bank  |  |

Do you require purchase order numbers on invoices Yes/No

I confirm that I have read and accept POL Recruitment Ltd Terms of Business.

Authorised Signatory: …………………………………………………………….

Position / Job Title: …………………………………………Date..………………