**NEW CLIENT FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | Consultant Name: | | | |
|  | | | | |
| Type of Supply  Temp / Perm | |  | Quantity |  |
|  | | | | |
| Customer Trading  Name | |  | Company Registration no. |  |
|  | | | | |
| Trading Address  Postcode |  | | | |
|  | | | | |
| 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..………………