

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.....