



CUSTOMER DETAIL "FOR INVOICING"

BUSINESS NAME:

[Empty box for Business Name]

REGISTERED OFFICE:

ADDRESS:.....N. CITY.....
FULL POSTCODE: COUNTRY
PHONE.: MOB.:.....
VAT / EORI / EIN / TAX NUMBER:
OPERATIONAL HEADQUARTERS:

ADMINISTRATIVE COORDINATOR CONTACT NAME:

NAME:..... LAST NAME:
PHONE:..... EMAIL ADDRESS:.....
EMAIL ADDRESS FOR OUR INVOICES:

BILLING FREQUENCY (Tick the choice):

Table with 3 columns: Weekly, Fortnightly, Montly

Form completed by:

Full Name:
Position:
Signature:
Date:

STAMP

[Empty box for Stamp]