



NEW TRADE CUSTOMER RECORD / CHANGE OF DETAILS FORM

SECTION 1 - YOUR DETAILS	
PLEASE TICK THE SERVICES YOU WISH TO USE:	
ASSAY OFFICE BIRMINGHAM HALLMARKING <input type="checkbox"/> ANCHORCERT GEM LAB <input type="checkbox"/> (DIAMOND/GEMSTONE/PEARL REPORTS) ANCHORCERT ANALYTICAL <input type="checkbox"/> (CHEMICAL TESTING - METALS & MATERIALS)	SAFEGUARD QUALITY ASSURANCE LTD. JEWELLERY & WATCH VALUATIONS <input type="checkbox"/>
ARE YOU: A NEW CUSTOMER <input type="checkbox"/> EXISTING CUSTOMER CHANGING DETAILS <input type="checkbox"/>	
COMPANY NAME:	COMPANY ACCOUNT NO: <small>(For current customers only)</small>
COMPANY TYPE: LIMITED <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CHARITY <input type="checkbox"/>	REGISTRATION NO:
BUSINESS ACTIVITY:	VAT NO:
INVOICE ADDRESS:	DELIVERY ADDRESS: <small>(if different from Invoice Address)</small>
TEL NO:	WEBSITE:
PRIMARY CONTACT	
MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>	FIRST NAME: LAST NAME:
JOB TITLE:	TEL / MOBILE:
EMAIL:	
ADDITIONAL CONTACT (IF REQUIRED)	
MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>	FIRST NAME: LAST NAME:
JOB TITLE:	TEL / MOBILE:
EMAIL:	

Please note that:

- Payment must be made in full on your first order before work/results can be processed/released - please complete section 2 with your preferred payment method.
 NB: Specific payment details will be advised when placing your order.
- If you wish to apply for credit facilities for future trading, please also complete section 3 and your request will be processed and the outcome advised.
- If you would like to register for hallmarking with Assay Office Birmingham, please also complete the registration form/punch order form.

AnchorCert Gem Lab / SafeGuard customers only

Do you want to be listed on the "Find a retailer" page of our websites to help consumers locate you: Yes No



NEW TRADE CUSTOMER RECORD/CHANGE OF DETAILS FORM

SECTION 2 - PREFERRED PAYMENT METHOD

CASH CHEQUE BACS/CHAPS CREDIT/DEBIT CARD

PLEASE SIGN BELOW TO CONFIRM THE INFORMATION PROVIDED ON THIS FORM ARE CORRECT AND THAT YOU AGREE TO OUR TERMS & CONDITIONS:

(T&C's available on www.theassayoffice.co.uk/terms-and-conditions-of-business or at our Customer Services counter)

NAME: _____ CUSTOMER SIGNATURE: _____ DATE: _____

SECTION 3 - CREDIT ACCOUNT APPLICATION

**ONLY COMPLETE IF YOU WISH TO APPLY FOR CREDIT FACILITIES. PAYMENT TERMS STRICTLY 30 DAYS.
PLEASE PROVIDE DETAILS FOR TWO TRADE REFERENCES WHOM WE MAY CONTACT.
BY APPLYING FOR A CREDIT ACCOUNT YOU CONSENT TO US UNDERTAKING A CREDIT REFERENCE CHECK.**

TRADE REFERENCE 1		TRADE REFERENCE 2	
CONTACT NAME:		CONTACT NAME:	
COMPANY NAME:		COMPANY NAME:	
ADDRESS:		ADDRESS:	
	POSTCODE:		POSTCODE:
TEL NO:		TEL NO:	
EMAIL:		EMAIL:	
EXPECTED MONTHLY SPEND: £			

CUSTOMER BANK DETAILS

ACCOUNT NAME:			
ACCOUNT NO:			
SORT CODE:			
BANK NAME:			
BANK ADDRESS:			
IBAN NUMBER:			
BIC NUMBER:		SWIFT ID:	

ACCOUNTS CONTACT PERSON

MR MRS MS FIRST NAME: _____ LAST NAME: _____
TEL: _____ EMAIL: _____

PLEASE SIGN BELOW TO CONFIRM YOUR AGREEMENT TO PAYMENT TERMS OF 30 DAYS:

NAME: _____ CUSTOMER SIGNATURE: _____ DATE: _____

OFFICE USE ONLY	NAME	DATE
ORIGINATING DEPARTMENT		
ACCOUNTS AUTHORISATION		
CREDIT LIMIT		