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New Account Form

COMPANY DETAILS			
Contact Name:		Job Title:	
Company Name:			
Address:			
Postcode:		County:	
Telephone:		E-mail:	
Fax:		Co. Reg. No:	

DATABASE / MARKETING INFORMATION			
Company Activity:	Ask what the main business activity is, tick the relevant box below and complete additional information as required / if available		
Manufacturer		What is the product manufactured	
Distributor or wholesaler		What products are distributed	
Wholesaler	Part of Group?	<input type="checkbox"/> NO <input type="checkbox"/> YES	What Group?
Panel Builder		What industry do you service	
Servicing Co		What equipment do you service	
Other			
Electrical Contractor		Export House	Airports/ Stations/ Ports
Education /Schools/ Uni		Government / Local Auth	Hospitals / Surgeries
Retail Shops		Police/ Fire/ Ambulance	Systems Integrator

WHERE DID YOU HEAR ABOUT US?

RESULT OF CALL: tick the relevant box and enter additional information			
Order		Comments:	
Enquiry		Comment:	
Other		Comments:	

Enter additional general comments here then pass to Accounts for processing

Name: _____ **Date:** _____

Signed: _____