

Company Name: .....

Trade Name (If different): .....

Registered Address: .....

..... Postcode: .....

Company Registration No: ..... VAT No: .....

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## Invoice Details (If different from above)

Invoice Address: .....

..... Postcode: .....

Contact Name: ..... Job Title: .....

Email Address: .....

Telephone No: ..... Fax No: .....

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## Contact for Bought Ledger

Contact Name: ..... Job Title: .....

Email Address: .....

Telephone No: ..... Fax No: .....

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## Company Information

Number of PCs: ..... Number of Employees: .....

Legal Status (Please circle):    LTD    PLC    Partnership    Public Sector    Other    Nature of Business: .....

Telephone No: ..... Fax No: .....

Annual UK Turnover: ..... Annual UK IT Spend: .....

Estimates Monthly Spend with Misco: ..... Credit Limit Requested: .....

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**Payment Terms are strictly 30 days from invoice date. Misco's terms and conditions apply and can be viewed in full on our web site [www.misco.co.uk/tandc](http://www.misco.co.uk/tandc). This agreement supersedes any other credit agreement. Misco reserve the right to withdraw this credit at any time without notice. Credit limits are at the discretion of Misco and will be constantly reviewed.**

All Payments to be made to Misco, Accounts Dept, PO Box 26, Wellingborough, Northants, NN8 6GS.

This form should only be signed by someone with the relevant authority within your organisation

Signed ..... Print Name: .....

Job Title: ..... Date: .....

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**On completing all relevant fields please fax this form plus your company letterhead to your account manager or to Risk Assessment on 0844 4935300**

**Contacts Authorised to Purchase**

Contact Name: ..... Job Title: .....

Email Address: .....

Telephone No: ..... Fax No: .....

Contact Name: ..... Job Title: .....

Email Address: .....

Telephone No: ..... Fax No: .....

Contact Name: ..... Job Title: .....

Email Address: .....

Telephone No: ..... Fax No: .....

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**Trade References**

**Trade Reference 1**

Company Name: .....

Contact Name: ..... Job Title: .....

Address: .....

..... Postcode: .....

Telephone No: ..... Email Address: .....

**Trade Reference 2**

Company Name: .....

Contact Name: ..... Job Title: .....

Address: .....

..... Postcode: .....

Telephone No: ..... Email Address: .....

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**On completing all relevant fields please fax this form plus your company letterhead to your account manager or to Risk Assessment on 0844 4935300**