



**Business Name**

**Business address**

**Post Code:**

**Company Number:**

**VAT Number:**

**AWRS Number:**

**Ordering contact**

**email**

**phone**

**accounts contact**

**email**

**phone**

**Directors**

**Name 1**

**name 2**

**Adress 1**

**Adress 2**

**our terms**

payment Terms 30 days from invoice

first order Proforma invoice

no cash payments accepted

Credit limit £1,000 unless otherwise agreed

5% discount for Go Cardless Direct debit.