**Telephone:** *+44 79 1504 7904*

 **Email:** *info@beespage.com*

 **Web:** [*www.beespage.com*](http://www.beespage.com)

**CLIENT REGISTRATION FORM**

 **Registration No**:................................................................................( Keep Blank)

Please be informed that we may perform a credit check on your establishment before you can obtain our services.

Please print in CAPITAL letters.

**Date:** ...............................................................................................................................................

**Name of Customer / Establishment:** ...........................................................................................

**Contact Name:** ..............................................................................................................................

**Address:** .........................................................................................................................................

 .........................................................................................................................................

**Post Code:** ......................................................................................................................................

**Telephone no:** ........................................................**Fax:** ...............................................................

**Email Address:** ..............................................................................................................................

**Invoice to be sent to: (Please provide the details of the person who is authorised for payments)**

**Contact Person:** .............................................................................................................................

**Department:** ..................................................................................................................................

**Establishment:** ...............................................................................................................................

**Address:** .........................................................................................................................................

 ..........................................................................................................................................

**Post Code:** ......................................................................................................................................

**Telephone no:** ........................................................**Fax:** .................................................................

**Email Address:** ...............................................................................................................................

**Type of Organisation** (Please tick)

**Limited Company**

**Local Council**

**Solicitors**

**Hospital**

**Job Centre**

**School**

**Voluntary Organisation**

**N H S**

**Private**

**Charity Charity Registration No:** …………………………...

**Other**  **Please specify:** ..............................................................

**Purchase Order:**

If you require a purchase order number, please tick the box below. Please note that we will not accept any bookings without a purchase order number.

Yes

 **Name in full:** ………………………………………………………….. **Signature:** …………………………………………….

 **Date:** ………………………………………………………………………. **Position:** ………………………………………………