

# Client Update Form

Please can you complete & return the document to us, to ensure our Client information is up to date.  
**This is in line with our Company Policy.**

## Your Company Details

Company Name:	Are you Registered with (Please Tick):
Trading As (if different from above):	<input type="checkbox"/> FENSA <input type="checkbox"/> CERTASS
Address:	<input type="checkbox"/> CORGI / NAPIT <input type="checkbox"/> ASSURE
	Member No.: _____
	Default Delivery Address:
Postcode:	
Tel No.:	
Email:	Postcode:

Are you a Limited Company?  Sole Trade?  Partnership?

If Limited Company, what is your Registration Number? \_\_\_\_\_

### Name(s) of persons in your company authorised to order windows from us:

Name:	Tel No.:
Name:	Tel No.:
Name:	Tel No.:

### Additional Information:

Do you have a showroom? Yes  No

Current supplier of vertical sliders? \_\_\_\_\_

Anticipated number of windows required monthly: \_\_\_\_\_

Are you a Retailer? Yes  No

Are you a Trade Counter? Yes  No

Are you a Manufacturer? Yes  No

Receive news and updates from us via email? Yes  No

## Internal Use

Basic Documentation provided?	Yes <input type="checkbox"/>
Additional Documentation provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
RSM Qualified?	Yes <input type="checkbox"/>
Welcome Pack Sent?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Email to: [sales@victoriansliders.co.uk](mailto:sales@victoriansliders.co.uk)**