

New Client Application Form

VictorianSliders®
Sash Windows

In order to process your quote/ orders we require the following details to register you on our system.

Please Note: THIS IS NOT A CREDIT APPLICATION.

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
Date:	<input type="checkbox"/> CORGI / NAPIT <input type="checkbox"/> ASSURE
Address:	Member No.: _____
Postcode:	Default Delivery Address:
Tel No.:	Postcode:
Email:	

Accounts Department Details:

Contact Name:	Email:	Tel No.:
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Are you a Limited Company? <input type="checkbox"/>	Sole Trade? <input type="checkbox"/>	Partnership? <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	How did you hear about us?
Current supplier of vertical sliders?	
Anticipated number of windows required monthly:	
Are you a Retailer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Trade Counter? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a Manufacturer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Receive news and updates from us via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date:	

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**