

New Client Application Form

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
Address:	<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 <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"/>	

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